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ABSTRACT

The Institute for Drug Education at Syracuse (IDEAS) University provided its 750 participants (teachers, students, counselors, and parents) with an array of information essential to them in understanding and coping with the drug dilemma in their local schools. This book is a compilation of what the staff felt was the best of the materials prepared for this conference. The chapters of the book are: 1. The Human Price of Drug Abuse; 2. The Art of Not Listening; 3. Excerpts from New York State Laws Concerning Dangerous Drugs; 4. Excerpts from: Drug Abuse--Conflicting Theories and Interventions; 5. Source Book--Program Development, Inservice Education; 6. Parameters of Inservice Training; 7. Local Government Perspective on Drug Abuse; 8. Interview with Annette; 9. Interview with Willis; 10. Interview with Kevin and Mary; 11. Interview with Dr. Wayne O. Evans; 12. Value Orientations and Treatment Strategies; 13. Some Cognitive Concepts of Team; 14. Considerations in the Development of the School Drug Policy; 15. Memorandum (slide show); 16. Final Evaluation of Six Weeks IDEAS program; and 17. Drugs and the Law. (JS)

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IDEAS ABOUT DRUG ABUSE

Proceedings from

The Institute for Drug Education At Syracuse

Edited by
Michael V. Reagan

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Michael V. Reagen, Editor

CONTINUING EDUCATION CENTER FOR THE PUBLIC SERVICE
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Many individuals played important "behind the scenes" roles in the development of this volume. Several public officials who indirectly facilitated its production deserve recognition: the Honorable John Mulroy, County Executive for Onondaga County; Dr. Donald Boudreau, Commissioner of Mental Health for Onondaga County; Dr. Harold Rankin, Superintendent of Schools for Jamesville-DeWitt School System; New York State Senator Tarky Lombardi and Assemblyman Hyman Miller; and, Rayburn Hess of the New York State Narcotics Addiction Control Commission.

Several individuals at Syracuse University were especially helpful. Sol Gordon, Professor of Family Life and Child Development, continually encouraged the editor to publish this volume; Lee Smith, Assistant Dean of University College, provided warm support throughout the book's development; Louise Birkhead, Assistant to the Institute's Director, did considerable leg-work in preparation for the volume' publication; Beatrice Tennyson, Arthur Wilm, and Thoman Curran, all graduate students at Syracuse University, and Mrs. Jane Surles provided the Editor with invaluable assistance.

But special mention must be made of Carol Webber, who is a candidate for a master's degree from Syracuse University's School of Education. Mrs. Webber was the true shepherd of this volume's development. She prepared the manuscript for printing and managed most of the details of publication for the editor.

Without the cooperation of generous authors, speakers and publishers, inclusion of much of the material in this volume would not have been possible.

Michael V. Reagen

Syracuse University
January, 1972

INTRODUCTION

The number of drugs available to Americans is staggering. Drugs are available for just about anything, even for treating drug addiction.

Increasing numbers of Americans fail to live a single day in their lives without relying on drugs -- either psychologically or physiologically. Drug abusers wanting to reverse this trend in their lives need compelling reasons for believing their lives can be better without drug dependency. The real victims of drug abuse are the drug abusers. Unless they are unhappy about their self-victimization, the current trend of increasing drug dependency will likely remain as a major American social problem.

With the support of New York State, the Onondaga County Department of Mental Health and 21 local school districts, the Continuing Education Center for the Public Service at Syracuse University conducted the Institute for Drug Education at Syracuse (IDEAS) during October and November, 1971.

The Institute did not provide a cookboook of solutions for dealing with drug abuse problems; millions of dollars have already been unsuccessfully spent on that effort. Rather, IDEAS, as an educational project, provided the 750 teachers, students, counselors and parents who attended it with a complex array of information essential to them if <u>they</u> are to understand and cope with the drug dilemma in their local schools.

IDEAS was based on the assumption that it is difficult for any person to acquaint himself with all the literature, facts, myths and problems

associated with drug abuse, much less to have an opportunity to discuss the drug dilemma with experts. IDEAS was an attempt to provide its participants with just such an opportunity. Those who came to the Institute discussed, evaluated, analyzed, argued, rejected, accepted and discovered new notions about drug abuse.

The Institute involved its participants in lectures, panel discussions, films, critical incidents, and team projects. At the conclusion of the Institute, each group of participants from the 21 school districts in Onondaga County received a drug education kit containing film strips, tape recordings, study-discussion guides and reading materials for use in designing and implementing their own school programs.

This book is part of that kit and is meant to be a companion volume to Readings for The Institute for Drug Education At Syracuse.

While it presents what the IDEAS Staff felt were the best of the materials prepared by the Institute staff for the program, it is intended to be more than merely a record of the Institute's proceedings.

It is hoped this book will stimulate its readers to learn more about the drug abuse dilemma. Unless every responsible American commits himself to continuing his education, America can never hope to humanely and practically deal with the complex problems of its dynamic society.

Michael V. Reagen

Syracuse University
January, 1972

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THE HUMAN PRICE OF DRUG ABUSE

Thomas J. Sardino*

There are several different approaches that can be taken to discuss the human price of drug abuse, depending upon the particular effect one wishes to discuss that drugs have upon individuals, family groups, and society. The human price in terms of loss of freedom and a more limited choice of the kind of future a person may be able to have are not discussed as often as the reasons people take drugs. The actual monetary cost of using any drug is a constantly increasing factor in drug abuse but the effects on human life are much more costly and heartbreaking.

Exactly how many young people are getting themselves into trouble by abusing or experimenting with drugs is impossible to say. But courts throughout the United States are handling increasing numbers of drug cases. A drug conviction in court is "on the record" and the single fact that there was a conviction is a difficult price to pay. For example, possession of marijuana for personal use is a felony under federal law. A conviction could mean a sentence of not less than two years and not more than 10, for the first offense. When a person applies for a job, he is often asked to state whether or not he has ever been convicted of a felony. An affirmative reply,

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* Chief of Police, Syracuse Police Department.

of course, would limit greatly his chances for being hired. Conviction on felony charges also means loss of voting rights. This is a right some 18-year-olds will be losing at just the moment in history when they have gained this right.

Mind-influencing drug laws continue to change. Very important changes in federal law, making far stiffer penalties concerning dangerous drugs were passed by Congress in just the last few years. The main changes have been that LSD has been placed under the category of "depressant or stimulant drugs" and possession for use has been made a misdemeanor on the first offense. And, indicative of the trend, it is now a misdemeanor just to have barbiturates, amphetamines or other drugs of this type in your possession -- unless they have been prescribed by a licensed physician and were obtained through a valid prescription from him. Offenders can be fined as much as $1,000 and jailed for up to one year -- or both -- for the first or second offense on these charges, if convicted. On third offenses or beyond, the maximum fine is now $10,000 and up to three years in prison -- or both. There were, however, some special provisions put into the law for people whose convictions were their first on possession charges. These allow courts to suspend sentence and put the person so charged and convicted on probation for up to one year.

Under the new federal changes, the penalty for unlawful sale, manufacture, delivery or other disposal of, or possession with intent to sell a depressant or stimulant drug, or acts involving counterfeit drugs of this type, has now become subject to fines of up to $10,000 or prison terms of up to five years -- or both.

The illegal sale, delivery or other disposal of such drugs by persons over age 18 to those under age 21, now can bring fines up to $15,000 or prison terms for not more than 10 years -- or both. For second and later offenses, the fine goes up to $20,000 and the jail term to 15 years. All indications are that penalties are becoming stiffer or more stringent as the drug problem continues to grow.

No matter how much we discuss the reasons why people start to experiment with or use drugs, or how much we may think that the reasons seem to be justified from the psychological perspective of the drug user, the fact remains that people who are illegally in possession of drugs or are illegally using drugs are subject to large fines, jail, and more importantly to the loss of certain rights and freedoms which they may now enjoy but will be unable to enjoy if they are convicted.

The Art of Not Listening
Time, January 24, 1969

Everybody knows that somebody listening to a joke is not really listening he is impatiently awaiting his turn to tell a joke of his own. Everybody knows that husbands give half an ear to the discourse of their wives--and vice versa. Why do these highly disciplined attempts at human dialogue fail? The reason, says Abraham Kaplan, a professor of philosophy at the University of Michigan, is that they are not really dialogues at all. Before a conference on human and animal communication at Minnesota's Gustavus Adolphus College this month, Kaplan introduced his own word for all these human occasions when everybody talks and nobody listens. He calls them "duologues".

Kaplan applies his coinage widely. "Duologue, " he says, "takes place in schools, churches, cocktail parties, the U.S. Congress and almost everywhere we don't feel free to be wholly human". In his view, a duologue is little more than a monologue mounted before a glazed and exquisitely indifferent audience, as in the classroom: "First the professor talks and the students don't listen; then the students talk or write and the professor doesn't listen or read."

The duologue has its unforgiving rules: "You have to give the other his turn, and you give signals during his turn, like saying 'uh huh' or laughing at what he says, to show that he is having his turn. You must also refrain from saying anything that really matters to you as a human being, as it would be regarded as an embarrassing intimacy." A near-perfect example of duologue is the televiewer, transfixed by that mesmeric eye. A truly perfect duologue would be two TV sets tuned in and facing each other.

Open to You. The prevalence of the duologue saddens Philosopher Kaplan, a devoted student of the late Jewish philosopher, Martin Buber, whose I-thou philosophy was based on the conviction that each man defines himself by genuinely engaging others; humanity is a meeting. Kaplan applied this notion to the laryngeal noise that fills humanity's crowded corners and rooms. An honest dialogue, says Kaplan, is never rehearsed. "I don't know beforehand what it will be. I don't know beforehand who I will be, because I am open to you just as you are open to me." Dialogue involves serious listening--listening not just to the other, but listening to oneself. This rare and wondrous event Kaplan calls "communion" instead of communication.

"It seems to me impossible, " he says, "to teach unless you are learning. You cannot really talk unless you are listening." The student is also the professor; the joke teller should also be part of the audience. To Kaplan, there is nothing lonelier than two humans involved in a duologue--and nothing more marvelous than two genuinely engaged listeners. "If we didn't search so hard for our own identities but occupied ourselves with the other, we might find precisely what we were not seeking. If we listen, it may be that we will find it at last possible to respond: 'Here I am.'"

LISTENING

1. It is difficult to listen effectively because of various preoccupations of the listener and various filters he uses to sift out the incoming messages.

2. Such preoccupations are primarily symptomatic of overconcern with one-self and one's own points, rather than a reflection of concern for the other person who is trying to communicate.

3. The filters used are primarily defenisve in nature, designed to protect the person from disconfirming information.

4. The filters operate as implicit assump[illegible] and many deprive the person of important information about himself.

5. The only way communication can be improved is for the person involved to become more consciously aware of the filters used both by sender and receiver, which in turn can be accomplished only by a more active collaboration between the parties to the communication.

6. Thus, both talking and listening are active complex processes requiring making an effort and checking out whether the message has gotten across or not.

Personal and Organizational Change Through Group Methods: The Laboratory Approach Edgar II, Schein and Warren G. Dennis (John Wiley & Sons, Inc., New York). p.305.

NOTES:

FOCUS ON FEEDBACK

A. A Definition

Feedback in a human relations training situation is communication to a person (or group) which gives that person information about how he has affected others and how he stands in relation to his goals or intentions. As in a guided missile system, feedback helps an individual to change his behavior to keep "on target" and thus better achieve his goals.

B. Feedback Becomes Important as we recognize:

that each person perceives us in a unique way--and responds to us in terms of his "image" of us.

that our behavior may not always reflect our intentions.

hat our own self-image is built from the reactions of others to us.

C. Some Functions of Feedback

1. It is a way of helping another person to consider changing his behavior. By making him aware of how his behavior affects us, he may be influenced to discard less effective modes of action. Feedback may also support certain kinds of behavior.

2. It is a corrective mechanism from our own point of view--helping us to stay more consistently on the path toward our goals and changing our behavior to match our intentions.

3. It is the way we establish our identity--to answer the question "Who am I?" The reactions of others are like a giant mirror which shows us how we act on a variety of dimensions...,

----whether we are active or passive
----whether we are masculine or feminine
----whether we are helpful or hindering
----whether we are effective or ineffective
----whether we are kind or punishing, etc.

D. Some Criteria for Useful Feedback

1. It is descriptive rather than evaluative. By describing one's own reaction, it leaves the individual free to use it or not use it as he sees fit. By avoiding evaluative language, it reduces the need for the individual to react defensively.

2. It is specific rather than general. To be told that one is "dominating will probably not be as useful as to be told that "yesterday when we were deciding the issue you did not listen to what others said and people felt forced to accept your arguments or face attack from you."

Focus on Feedback

D. Some Criteria for Useful Feedback continued:

3. It takes into account the needs of both the receiver and giver of feedback. Feedback can be destructive when it serves only our own needs and fails to consider the needs of the person on the receiving end.

4. It is directed toward behavior which the receiver can do something about. Frustration is only increased when a person is reminded of some shortcoming over which he has no control.

5. It is solicited, rather than imposed. Feedback is most useful when the receiver himself has formulated the kind of question which those observing him can answer.

6. It is well-timed. In general, feedback is most useful at the earliest opportunity after the given behavior (depending, of course, on the person's readiness to hear it, the support available from others, etc).

7. It is checked to insure clear communication. One way of doing this is to have the receiver try to rephrase the feedback he has received to see if it corresponds to what the sender had in mind.

NOTES:

BOURLAND'S "E" PRIME THEORY
Time, May 23, 1969

For several years now, D. David Bourland Jr. has conscientiously scrubbed from his discourse and his writing all forms of the verb "to be." The first time he tried to do this, it gave him a headache. Now the practice comes so naturally that Bourland's listeners and readers are not likely to notice the ommission. On the contrary, they are likely to be struck by the lucidity of his expression, which is commendably unambiguous if not always very lyrical. Where most people might render harsh judgment on themselves with "I'm no good at math," Bourland would express the thought with far less immutability: "I did not receive good grades in math," or "I did less well at math than at other subjects."

Unlike the California musician who once wrote a novel without the letter "e" just to see if it could be done, Bourland, 40, is not an eccentric visionary. He is the highly skilled president of Information Research Associates, a McLean, Va., think tank that does classified systems development for the U.S. Navy. Bourland who has a master's degree in business administration from Harvard, was also a student at the Institute of General Semantics in Lakeville, Conn., where he became an ardent disciple of the linguistic theories of the leading prophet of general semantics, Alfred Korzybski. In Korzybski's view, the verb "to be" was a dangerous and frequently misused work that was responsible for much of mankind's semantic difficulties. Going the master one better, Bourland has led a one-man crusade for the adoption of "E-prime"--which is his name for the English language minus "to be."

All is Change. The semanticist's objection to the verb "to be" is based on certain philosophical convictions. One is a stern rejection of an axiom of classical logic, the principle of identity--that A is A, or a rose is a rose. In fact, argued Korzybski, the basic principle of life is not identity but, as the elliptical pre-Socratic philosopher Heraclitus put it, that all is change. Time and movement are inexorable, and in the fraction of a second that a rose is described it has already begun to alter.

The second philosophical conviction is that language influences behavior. Mankind is much less aware of the implacable reality of change simply because his language is dominated by the verb "to be," which implies a static quality of illusory permanence. "Our language," says Bourland, "remains the language of absolutes. The chief offender remains the verb 'to be' The spurious identity it so readily connotes perverts our perception of reality."

One semantic harm done by "to be" is that it tempts man into erroneous value judgments. Korzybski noted dryly that a rose is not at all "red" to those afflicted by color blindness, and that redness itself is not a reality but a quality of reflected light to which the description "red" is arbitrarily assigned. Better to say, Korzybski suggested, "I classify the rose as red," or "I see the rose as red."

Bourland's "E" Prime Theory

Undemonstrated Conclusions. E-prime, Bourland firmly insists, has certain advantages over conventional English. Certain questions that semanticists as well as many analytical philosophers regard as poorly structured--"What is man?", "What is art?", or Hamlet's famous "To be or not to be"--simply disappear as unaskable. Another is the elimination of essentially empty phrases--"Boys will be boys,"for example, or "we know this is the right thing to do." A third advantage is that the E-prime user cannot blandly take refuge in waffling statements based on factually undemonstrated conclusions--sentences that begin with say, "It is known that," or "It is certain."

Despite the stirring rhetorical flair of the Declaration of Independence, Bourland is even willing to rewrite it, in the interest of semantic clarity. In the standard text, the first sentence reads: "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain inalienable rights, that among these are Life, Liberty, and the pursuit of Happiness." A somewhat more prosaic E-prime version: "We make the following assumptions: All citizens have equal political rights, All citizens simply by virtue of their existence have certain inalienable rights, including life, liberty and the pursuit of happiness."

Bourland notes with some satisfaction that a number of scientific papers, not all done by Korzybski disciples, are now being written in E-prime; he is currently writing a book on how to speak and write without recourse to isness. From personal experience, he claims that the use of E-prime can force a self-conscious but salutary revision in the speaker's outlook on life. Once you realize that every time you say 'is' you tell a lie," he says, "you begin to think less of a thing's identity and more of its function. I find it much harder to be dishonest now."

EXCERPTS FROM NEW YORK STATE LAWS

CONCERNING DANGEROUS DRUGS*

CRIMINAL POSSESSION OF A DANGEROUS DRUG

220.33 1st Degree - "A" Felony. Knowingly & unlawfully possess a narcotic drug consisting of aggregate weight of 16 ounces or more of heroin, morphine, cocaine or raw or prepared opium. 25 years to life.

220.22 2nd Degree - "B" Felony. Knowingly & unlawfully possess a narcotic drug consisting of aggregate weight of 8 ounces or more heroin, morphine, cocaine or raw or prepared opium. 8 1/3 to 25 years.

220.20 3rd Degree - "C" Felony. Knowingly & unlawfully possess a narcotic drug consisting of 100 or more cannabis (marijuana) cigarettes or 1 ounce or more heroin, cocaine or morphine or 1 ounce or more cannabis or 2 ounces or more of any narcotic. 5 to 15 years.

220.15 4th Degree - "D" Felony. Knowingly & unlawfully possess a narcotic drug with intent to sell or possess 25 or more cannabis (marijuana) cigarettes of 1/8 ounce heroin, cocaine or morphine or 1/4 ounce cannabis or 1/2 ounce opium or 1/2 ounce of any narcotic drug. 2 1/3 to 7 years.

220.10 5th Degree - "E" Felony. Knowingly & unlawfully possess a dangerous drug with the intent to sell same. Any amount with intent to sell the same. 1 to 3 years. If narcotic drug charge with intent to sell, 220.15 P.L. - "D" Felony. 2 1/2 to 7 years.

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* Selection from Narcotics - Harmful Drugs, Syracuse Police Department.

220.05 6th Degree - "A" Misdemeanor. Knowingly & unlawfully possess a dangerous drug-any amount. Dangerous drug includes narcotics drug, depressant, stimulant or hallucinogenic drug. Narcotic drug includes Marijuana P.H. Law 3301, sub. 38. Up to 1 year.

CRIMINALLY SELLING A DANGEROUS DRUG

220.44 1st Degree - "A" Felony. Knowingly & unlawfully selling a narcotic drug consisting of aggregate weight of 16 ounces or more heroin, morphine or raw or prepared opium. 25 years to life.

220.40 2nd Degree - "B" Felony. Knowingly & unlawfully selling a narcotic drug to a person less than 21 years old or sells 8 ounces or more heroin, cocaine, morphine or raw or prepared opium. 8 1/2 to 25 years.

220.35 3rd Degree - "C" Felony. Knowingly & unlawfully selling a narcotic drug--any amount--to one less than 21 years old. 5 to 15 years. If charge is 220.40 P.L., 8 1/2 to 25 years.

220.30 4th Degree - "D" Felony. Knowingly & unlawfully selling a dangerous drug. 2 1/3 to 7 years.

Excerpts from: DRUG ABUSE -- CONFLICTING THEORIES AND INTERVENTIONS

by

Dr. Irving Weisman*
Hunter College, New York

DRUG ABUSE: CONTRADICTIONS AND UNCERTAINTIES

A. The Nature of the Problem(s). (This section focuses on heroin abuse)

Some of the confusion about drug abuse stems from the use of inclusive categories without distinguishing among kinds of drugs, kinds of users, and kinds of conditions under which drugs are used. This lumping together of persons, problems, and pharmacopeia may stem from a lack of information, a moral position, or sometimes a belief that there is an inevitable connection and progression from soft drugs to hard, from cigarette to needle, from experiment to addiction, and that all drug use is essentially the same.

Of the wide variety of substances that are inhaled, ingested, and injected by young people, it seemed possible in times past to distinguish different groups of drug users, and the use of some of these substances seemed to be alternatives to alcohol. Sniffers, snorters and smokers were generally not drinkers. Young pill poppers and tab droppers were not likely to be hard drug users. Some remarked on what seemed to be a crude social class difference in drugs of choice: hallucinogens - the middle class; narcotics - the lower class. The use of barbiturates and sometimes alcohol by narcotic addicts had been noted,[1] but the rapid changes in style and substance combinations now observed almost obliterate groupings. Every possible mix seems to be in use either in series or in combination by the young of all social classes. With this kind of change, by the time a "pattern" is identified and described in the literature it may have shifted, or ceased to exist. The drug sub-cultures continue to exist, but in rather fluid forms.

1. Drug Availability and Drug Use.

No one becomes a habitual user of a substance which is not available to him. Addictive substances made available to "vulnerable" populations by accident or by deliberate plan tend to be used, as historical evidence indicates. An epidemic of methylamphetamine injection in Japan was reportedly curbed by the banning of the manufacture of this substance and other control measures.[2] A recent outbreak in England was seemingly contained in 1968 when "... the manufacturers, by arrangements with the Ministry of Health and the British Medical Association, withdrew methylamphetamines from retail pharmacists ... "[3]

1. E. Hamberger, "Barbiturate Use in Narcotic Addicts, "JAMA, 189, 1964, p. 360, W. G. Smith, E. H. Ellinwood, Jr., C. E. Vaillent, "Narcotic Addicts in the Mid-1960's, "Public Health Reports 81, No. 5, 1966, pp. 403-412.

2. M. Nagahanna, "A Review of Drug Abuse and Counter Measures in Japan Since World War II," Bulletin Narcotics, 20, No. 3, 1968, p. 19.

3. D. Hawks, M. Mitcheson, A. Ogborne, C. Edwards, "Abuse of Methylamphetamines," Brit. Med. J., 21, June 1969, 2, pp. 715-721.

* This is a copy of Dr. Weisman's speech given in January, 1971 to the Council on Social Work Education Annual Program Meeting in Seattle.

There is no indication of whether the removal of this drug resulted in abstinence, or merely a shift in substance, since many abuse multiple substances. It is likely that curtailed production of this one substance reduced the number of new inductees to its use, and that established users switched to other brands!

In the small cities and towns of rural America the pattern of strict legal control of narcotics and law enforcement seem to have worked. A study of narcotic addicts in Kentucky estimated that the present number of addicts within the state is 10% of what it was 50 years ago. But law enforcement obviously has not had the same results in urban cities.

Availability is only one of the variables in the complex. There is ample evidence that not everyone to whom drugs are available tries them in experiment. Historically, in the U.S. before the 1914 tax legislation when opiates could be purchased over the counter in all pharmacies either raw or in patent medicines, there were an estimated 100,000 to 200,000 addicts. Nearly 60 years of policing does not seem to have reduced this number substantially in either absolute or relative terms.

2. Vulnerability.

A more central question seems to be: what constitutes vulnerability? Under what social and psychological conditions do individuals become vulnerable? Are particular personality types particularly vulnerable? Since drugs are differentially available, and when available, differentially used, what accounts for their selective use?

(a) Predisposition: Psychological Problems. Psychoanalytic formulations relate drug addiction to arrested psychosexual development at the oral level.[1] Modern psychiatric explanation emphasize personality disorder: "... addicts are vulnerable people with personality disorders likely to provide a matrix for an addictive state should the drug be available."[2] A major research added the notion of a crisis situation to those of availability and psychological predisposition, all converging in young people with a pessimistic outlook.[3]

One research on adolescent opiate users and controls matched for age, ethnicity, and degree of exposure to illicit narcotics concluded that youth living in an area of widespread illegal opiate use did not become users without the presence of psychiatric pathology. Addiction was found to be highly individualized, and related to the adolescents' personality structure, past history, and present relationships with significant family and peer group members. A serious lack of self-esteem was also noted among those addicted.[4]

1. O. Fenichel, The Psychoanalytic Theory of the Neuroses (N.Y.: Norton, 1945), p. 376.

2. J. H. Willis, Drug Dependence (London: Faber and Faber, 1969), p. 63.

3. I. Chein, et al., Narcotics Delinquency and Social Policy: The Road to H. (London: Tavistock, 1964).

4. D. L. Gerard, C. Kornetsky, "Adolescent Opiate Addiction: A study of Control and Addict Subjects," Psychiat. Quart. 29, 1965, pp. 457-486.

Research on a different population of heroin addicted adolescents led to the opposing conclusion that addiction was not necessarily a sign of psychiatric abnormality, and was often heavily influenced by the social conditions under which the individuals lived.[1]

One clinician has speculated that for some, heroin use may take the place of a schizophrenic breakdown.[2] Very often drug addiction has been linked with severe personality disorders.[3] A number of British studies conducted during the past few years have pointed to the prevalence of psychiatric disorder in individuals prior to their heroin addiction.[4]

Taking a different tack, a 1970 paper described the use of drugs as learned behavior; a coping mechanism which became part of the individual's behavior repertoire.[5] Also using learning theory. Another report related the maintenance of a narcotic drug habit to conditioning and regular reinforcement in a drug using environment.[6] Further support for operant conditioning comes from animal studies.[7]

A British authority summarized the psychological view: "Just as there is no specific pre-alcoholic personality, so there is no single pre-addictive personality."[8]

The gamut of psychopathology from character disorders to psychoses has been identified in drug users. Drug use has been described as a device for acting out hostility towards parents and society; as a coping mechanism for warding off anxiety, depression, or schizophrenia. The studies which produced these diagnostic groupings all started with population of known drug users. In post hoc studies of this kind, it is difficult to know what, if any, relationship exists between the two variables. Is the clinical syndrome a cause, an effect, or a concurrent problem?

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1. A. M. Friedman, E. A. Wilson, "Childhood and Adolescent Addictive Disorders," Pediatrics 34, August 1964, pp. 283-292.

2. P. Laurie, Drugs (London: Penguin Books, Pellican ed., 1969), p. 148.

3. H. E. Hill, et al., "A MMPI Factor Analytic Study of Alcoholics, Narcotic Addicts, and Criminals," Quart. Journal Studies Alc. 23, 1962, pp. 411-431.

4. D. V. Hawks, "The Epedemiology of Drug Dependence in the United Kingdom," Bulletin on Narcotics, Vol. XXII, No. 3, 1970, p.21.

5. G. V. Prosser, "Personality and the Potential Addict,: Unpublished paper read at the Third International Conference on Alcoholism and Addictions. Cardiff, Wales, 9/22/70.

6. G. E. Vaillent, "History of Urban Narcotic Addiction," Scientific Basis of Drug Dependence, ed. H. Steinberg (London: Churchill, 1969). A. Wikler, "Conditioning Factors in Opiate Addiction and Relapse," Narcotics, ed. Wilner and Kassenbaum (New York: McGraw-Hill, 1965).

7. J. R. Nichols, "How Opiates Change Behavior," Scientific American, 212, p.80.

8. R. C. Shaw and H. D. McKay, Juvenile Delinquency and Urban Areas (Chicago: U. of Chicago Press, 1942).

(b) Predisposition: Social Conditions. Sociological theories proposed as explanations for drug use, all of which imply learning, include the concept of "area"[1]; differential association[2]; status deprivation[3] and masculine protest[4]; and deficiencies in the normal opportunity structure.[5]

Drug addiction has also been described as a consequence of induction into a drug sub-culture. Some drug users experience this as status degrading, a confirmation of inadequacy, worthlessness, and uselessness. For others addiction may confer status and bring some degree of organization into otherwise already disordered lives by the imposition of daily routines required to maintain addiction, particularly in the United States[6] A study of Britain and the U.S. inferred in 1963 that a drug sub-culture was notably absent in England[7]; accounts in 1967 reported it to be flourishing.[8] Additional support for the importance of the drug sub-culture comes from a paper citing the frequency of contact with other addicts as a critical variable in the maintenance of drug abuse.[9] More comes from a project which used ex-addicts as counselors in attempts at rehabilitation. For many ex-addict counselors jobs which required them to be immersed in a drug subculture proved to be too much, and they quickly reverted to drug use.[10] An illustration of the ambivalence which may exist about the label "addict" was reported in England where identified addicts could obtain drugs legally under the National Health System.

1. J. R. Nichols, "How Opiates Change Behavior, "Scientific American, 212, p.80.

2. E. H. Sutherland, Principles of Criminology (Chicago: Lippincott, 1939).

3. R. K. Merton, Social Theory and Social Structure (Glencoe, Ill.: Free Press, 1949).

4. T. Parsons, "Certain Primary Sources and Patterns of Agression in the Social Structure of the Western World," Psychiatry, Vol. 10, 5/2/47, p. 172.

5. R. A. Cloward and L. E. Ohlin, Delinquency and Opportunity: A Theory of Delinquent Gangs (Glencoe, Ill.: Free Press, 1961).

6. G. E. Vaillent, "History of Urban Narcotic Drug Addiction," ... pp. 350-355; K. Leech, The Drug Subculture, Drug Dependence in Britain, Series 3, Church Army Pub. (Cowley: Oxford, 1969).

7. E. M. Schur, Narcotic Addiction in Britain and America (London: Tavistock, 1963).

8. M. M. Glatt, et al., The Drug Scene in Great Britain (London: Arnold, 1967, rev. ed. 1969), pp. 26-30.

9. A. C. Ogburn, "Addict Subculture," unpublished paper presented at the Third Int. Conf. on Alcohol and Addictions, Cardiff, Wales, 9/22/70.

10. J. C. Munns, G. Geis, B. Bullington, "Ex-Addict Streetworkers in a Mexican American Community," Crime and Delinquency, Vol. 16, No. 4, October 1970, pp. 409-410.

However, some chose not to do so: "I don't want to register. Once you're registered it goes to the Home Office. It is with you the rest of your life. I don't want to get hooked on heroin; once you are registered you are hooked..."[1] The idea seemed to be that an addict is not a bona fide addict until he is officially confirmed, registered, and labelled. Then he must face his status as an addict.

Some drug use has been associated with expressions of social consciousness and social protest among young people who challenge the established political and material value systems.[2] While such protests are usually described as symbolic "acting-out" against parents, there are some indications that they may, in fact, be in consonance with broad parental values, and may be contributing to social change.[3]

(c) Predisposition: Social Experience (The Family, the Community). Inquiries in both the United States and Britain suggest that the families of drug abusers are not necessarily the most deprived in the community.[4]

Among the many family factors frequently associated with drug abuse are: maternal deprivation, over-control, or over-indulgence; paternal absence, inadequacy, punitiveness, and over-control; delinquency, truancy, poor school and work records. Broken homes, and pathology of various kinds in parents and siblings has also been noted. Like with the clinical diagnoses already described, it is difficult to determine in these retrospective reports whether these family and social factors are causes, effects, or unrelated problems occurring at the same time. Since there is no normative data available on family pathology, the meaning of the frequency of appearance of such pathology in the families of drug abusers cannot be assessed.[5]

Delinquency is often associated with drug abuse, especially narcotic addiction, and is so reported more often in the United States than in Great Britain.[6] Two imaginative investigations into the epedemiology and network

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1. M. M. Glatt, et al., The Drug Scene in Great Britain (London: Arnold, 1967, rev. ed. 1969), p. 21.

2. I. Chein, "Psychological Functions of Drug Use," The Scientific Basis of Drug Dependence, ed. Steinberg ... p. 25.

3. K. Kenniston, "The Sources of Student Dissent," J. of Social Issues, Vol. 23, No. 3, 1967, pp. 108-137. I. Weisman, "Youth, Social Protest, and Drugs," Chapter in S. Robison and I. Weisman, Juvenile Delinquency (New York: Holt, Rinehart & Winsten; in publication).

4. J. A. O'Donnell, "Social Factors and Follow-up Studies in Opiod Addiction," The Addictive States, ed. A. Wikler (Baltimore: ARNMD, Williams & Williams, 1968), pp. 333-334.
D. V. Hawks, "The Epedemiology of Drug Dependence in the U.K. ...", p.21

5. D. V. Hawks, ibid., p. 22.

6. I. P. James, P. T. D'Orban, "Patterns of Delinquency Among British Heroin Addicts," Bulletin on Narcotics, Vol. XXII, No. 2, p. 13.

of narcotic users were reported. One set in a "new town" (housing development of large scale)[1], and the second in one of the smaller cities[2] found the young addicts studied to be delinquent neither in behavior nor in outlook. A survey of addicts admitted to London remand prisons[3] for both drug offenses and non-drug offenses described them as "... predominantly ... young people of marked sociopathic personality, most of whom were delinquent prior to addiction. We find no evidence to suggest that the heroin addiction was an alternative to other types of delinquent behavior and on the contrary, it was usual to find that the delinquent behavior continued unchanged after addiction." These last researchers noted that the extent of delinquency found among addicts seemed to depend on the nature of the population sample studied.

In America, the illegality of the practices plus the high cost of black market drugs makes every user a criminal. This is well documented.

Thus, the opposing views regarding delinquency are: drug abusers are not necessarily more delinquent than persons with other kinds of problems; and drug abusers are individuals who are often delinquent before they become drug users, and merely continue their delinquent activities.

(d) Predisposition: Genetic Factors: An Area As Yet Unexplored. Opiate-prone and opiate resistant strains of rats have been developed in laboratory study.[4] These strains were the product of controlled selective breeding, a practice not likely to be followed by man. There is no specific evidence of gentetic factors in human opiate tolerance, but the possibility of such factors remains open.

Most of the psychological notions of pathology and the sociological theories of association and social pressures which are now offered to account for drug abuse have been offered in the past to explain delinquency and other forms of deviance, are neither simple nor unitary events which may be explained by reference to a single personality structure or a single set of social conditions. "Broad social pressures, in short, may make deviant reactions probable, and if they impinge differentially on diverse population groups, they make deviance more expectable in some groups than in others. However, perhaps individual differences determine the choice among forms of deviance..."[5]

1. R. deAlarcon, N. H. Rathod, "Prevalence and Early Detection of Heroin Abuse," British Medical J. 11, 1968, pp. 549-553.

2. A. Kosviner, et al., "Heroin Use in a Provincial Town," Lancet, 1968, I, pp. 1189-1192.

3. I. P. James, P. T. D'Orban, "Patterns of Delinquency ...," p. 19.

4. J. R. Nichols, "How Opiates Change Behavior," Scientific Amer., 212, p. 80-88.

5. J. A. O'Donnell, "Social Factors and Follow-up Studies in Opiod Addiction," ... p. 335.

3. Pharmacology.

Unlike other forms of deviance, the drug problem includes the additional variable of pharmacology: the physiological effects of the use of single or multiple drugs.

Mood alterations may be brought about by the use of many substances including hallucinogens, barbiturates, opiates, alcohol, aspirin, anti-freeze, gasoline, and coffee. Contrary to the popular belief that drugs produce uniform effects, research demonstrates that three main factors are involved in "the drug effect": "... the pharmacological properties of the drug; the social setting in which it is taken; and most importantly, the personality or character structure, attitude, and expectations of the individual taking the drug."[1] Other relevant factors noted included the dosage, the purity of the substance, the frequency of use, the duration of the action of the drug, and the method of administration of the drug.

Authorities with experience as diverse as Dole[2] of methadone fame and Burroughs[3] the ex-addict of "Naked Lunch" and "Soft Machine" fame view opiate addiction as largely a metabolic disturbance, and minimize psychological and social variables. Another view emphasizing the physiological posits the fear of withdrawal sickness as a critical feature in developing and sustaining addiction.[4]

Evidence suggests that responses to drugs are highly individualized and that the physiological consequences of narcotic addiction may have been over-rated. This may be particularly so in the United States where black-market heroin may contain 3% of the drug. Drug use rituals, previous experience, or expectations may be more potent than fears of withdrawal pains as habit reinforcers.[5] Some addicts disclaim drug craving or euphoria after administration, but continue the procedure nevertheless.

Commenting on the psychiatric complications which may be associated with the use of LSD and related hallucinogenic drugs a cautious psychiatrist noted: "These drugs do not always produce lasting psychiatric complications de novo. More often they bring out latent problems or heighten existing ones... It is seldom possible to make a clear distinction between long term drug effects and the part played by the patient's pre-existing personality difficulties.

1. J. Fort, "The Semantics and Logis of the Drug Scene," Drug Awareness, ed. R. E. Horman and A. M. Fox (New York: Avon Books, 1970), p. 94.

2. V. P. Dole and M. E. Nyswander, "Heroin Addiction: a Metabolic Disease," Arch. Internal Med., 120, 1967, pp. 19-24.

3. W. S. Burroughs, Naked Lunch, (New York: Grove, 1959). The Soft Machine (1961) (London: Transworld, 1970).

4. A. R. Lindesmith, Opiate Addiction, (Bloomington, Ind.: Principia Press, 1947).

5. G. E. Vaillent, "History of Urban Narcotic Addiction," ... pp. 355-356.

6. G. D. Klee, "Drugs and American Youth," Drug Awareness ... pp. 105-106.

Surveying the research findings, it was observed: "... the abuse of heroin by adolescents is mainly psychosocial in origin rather than pharmacological, but it is possible that pharmacological, biochemical and genetic factors may play a minor role..."[1]

4. Progression in Drug Use: The Theory of Escalation.

Fears that the use of one drug inevitably leads to the use of another more dangerous drug are common. A psychiatrist with long experience in treating drug users wrote: "... there is no evidence that any drug has within its mode of action any intrinsic effect which would influence a person to try another."[2] This is not to deny the disinhibiting intoxicating effects of alcohol, barbiturates, amphetamines, and marihuana. Most think of a progression from marihuana to other drugs. All evidence suggests that marihuano does not necessarily lead to crime and narcotic addiction. However, its use may lead to experimentation with other hallucinogens, stimulants, and sometimes narcotics. "When this happens it is a result not of marihuana use per se but of complex psychological and social factors surrounding the use of marihuana."[3] Samples of marihuana smokers agree that the smoking may encourage experiments with other substances.[4]

On the other hand, research on a group of drug users who did not become dependent (using marihuana, hallucinogens, amphetimines, barbiturates, and hard drugs) reported that the frequency of drug use was not related to the length of time of drug use, and that the number of drugs tried had no relationship to the length of time of drug use-in this sample.[5]

Young addicts who started their heroin use on the streets in Puerto Rico as teenagers were described: "The youthful initiate had smoked marihuana with neighborhood friends before using opiates. In the case of both marihuana smoking and heroin use, the adolescent peer group exercised a dominant influence. The incipient drug user asked his older addict friends to be included in t he group's primary activity."[6] This brings up the "pusher," the oft projected villain of the piece. The report continues: "There was no evidence that the onset of drug use was a consequence of proselyting, coercion, or seduction.

1. R. E. Lister, "Chemistry and Pharmacology of Narcotic Drugs in Adolescence," The Pharmacological & Epedem. Aspects of Adolesc. Drug Depend., ed. C.W.M. Wilson (London: Bergamo), p. 7.

2. J. H. Willis, Drug Dependence ..., p. 67.

3. G. D. Klee, "Drugs and American Youth," ..., p. 108.

4. Personal communications.

5. B. A. Gerber, "Non-Dependent Use: Some Psychological Aspects," The Scientific Basis of Drug Abuse, ed. H. Steinberg ...

6. J. C. Ball, "Marihuana Smoking and the Onset of Heroin Use," Drug Abuse, ed. J. O. Cole and J. R. Wittinborn (Springfield, Ill.: Thomas, 1969).

Onset was, nonetheless, a group process. The incipient addict sought to join the addict group and learn the techniques and norms of the drug sub-culture. He was not, in the process misled by 'mercenary fraud'." Others concluded: "The susceptible person does not, as a rule, start out looking for a shot, and he is not, as a rule, coaxed into taking one by a 'pusher' for the illegal drug trade. Ordinarily, he is introduced to drugs by his associates."[1]

A cross-cultural survey conducted with young addicts in London and New York found that most addicts reported that they were introduced to the narcotics by friends and that a "pusher" figured in only a small number of incidents.[2] A British writer concludes: "The practice of handing out free and cheap samples at random in the hope of landing a customer is both uneconomic and dangerous since there is nothing to stop him from betraying his supplier. Under these conditions drug initiation is a matter between friends who trust each other."[3]

B. The Goals of Treatment: Competitive Goals.

Treatment goals are generally presumed to be based on diagnostic understanding of the nature of the presenting problem. Since there is no agreement about the nature of drug abuse, it is not surprising that different and sometimes conflicting goals are proclaimed. These goals are global, they are not related to diagnostic concepts per se, and they are offered in competition. They have become value-biased positions.

Goals may be grouped as follows:

1. Abstinence.

The goal of most systems of intervention with abusers of any drugs is abstinence. This rests on the premise that abstinence equals health and any degree of drug use equals illness. This goal is generally the objective of most forms of social therapy, psychotherapy, and a variety of group processes.

2. Abstinence Achieved by Drug Substitution For Improved Social Functioning: Methadone (etc.) for Heroin.

The use of Methadone, a substitute addicting narcotic without the same side effects on a high dosage maintenance basis has been employed experimentally with a reported high degree of success with hard-core street

1. N. E. Zinberg and D. C. Lewis, New England J. Med. 270, 1964, quoted by P. Laurie, Drugs, (Hammondsworth: Penquin, 2nd ed., 1969), p. 33.

2. J. H. Willis, "The Natural History of Drug Dependence: Some Comparative Observations on United Kingdom and U.S. Subjects," Scientific Basis of Drug Dependence, ed. Steinberg ...

3. P. Laurie, Drugs (Hammondsworth: Penguin, 2nd ed., 1969), p.33.

addicts, a group notoriously resistant to other forms of treatment.[1] Many of the patients on methadone were described as able to enter training programs, find employment, and begin to become integrated into community activities without the constant disruptions caused by heroin addiction. Some physicians in the U.S. and abroad object to the concept of drug substitution and maintenance as not dealing with the essential problems of addiction. They object to the means and not to the ends.

Methadone and other substitute drugs are used in detoxification programs, and in some programs of gradual withdrawal of drugs, rather than on a maintenance dosage basis. These latter programs have wider acceptance in principle. In Britain skepticism remains about wide use of methadone.[2]

3. Improved Social Functioning - Without the Emphasis on Abstinence.

The Department of Psychiatry of the New York Medical College developed an approach to the treatment of narcotic abusers setting a pragmatic goal of improved social functioning. To enhance individual productivity and social capacity they set specific goals like improved health, increased participation in conventional activities, family roles, employment, and community. As ultimate goals they set maximal social functioning and the cure of addiction. But in their view, as in the view of the advocates of methadone maintenance, sheer abstinence alone may not be the appropriate goal for some addicts.[3] This approach is open to the same kind of attacks which are levelled at the methadone maintenance projects by those who see the treatment goal as abstinence, not substitution, or improved social functioning without total abstinence.

C. Methods of Treatment

Competing systems of treatment are well described in the literature. They range from the mobilization of social services to deal with immediate needs to varied forms of individual and group treatment which may be geared to improved social functioning and/or increased self-understanding; and the structuring of diverse forms of "therapeutic communities." Experiments with aversion therapy are in progress.[4] Most of the therapeutic efforts aim at the goal of abstinence. They comprise general approaches to treatment, and are not specific. They tend to represent the therapeutic biases of particular schools of thought and rest more onbelief in their efficacy than on diagnostic considerations or demonstrated results.

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1. M. Nyswander, V. P. Dole, "The Present State of Methadone Blockade Treatment," Am. J. Psychiatry, 123, No. 11, 5/67, pp. 1441-1442.

2. G. Gardner, "Methadone Misuse and Death by Overdosage," Br. J. Addict., Vol. 65, 1970, pp. 113-113.

3. R. A. Brotman, A. S. Meyer, A. M. Friedman, "An Approach to Treatment of Narcotic Addicts Based on a Community Mental Health Diagnosis," Comprehensive Psychiatry, 6, No. 2, 4/65, pp. 104-118.

4. D. V. Hawks, "The Epedemiology of Drug Dependence in the U.K.," pp. 19-20.

A rationale is offered for a general approach, but on a somewhat different basis. Some think that once the pattern of behavior is well established (e.g., drug addiction) it has a life of its own. Efforts to intervene in the present may have to focus on the present, and the functions served by the pattern in the "here and now." The diagnostic questions of etiology may not be the questions relevant to intervention.

Scattered reports suggest that all methods of treatment with drug abusers now in use are equally successful or equally unsuccessful. Each method seems to produce some results with some people. Aging and survival alone without specific therapeutic intervention seems to result in abstinence for some.[1] Others seem to spontaneously "mature" out of drug addiction.[2]

Perhaps there has been an over-concentration on the nature of the competing systems of treatment. The nature of the particular system and its techniques may not be a significant feature to the person who chooses to use it. More important may be the availability of any given program when an individual is "ready" to use it, or for whatever reasons he finds that he can no longer sustain his pattern of drug use. When the established pattern is disrupted and unstable, the individual is under stress and vulnerable to treatment intervention which offers alternatives. What is suggested is that program availability may be more crucial a variable than treatment method. Perhaps when more is understood about the crises and conditions under which patterns of drug abuse are shaken, and about how and when individuals become ready for change abusers will be brought into treatment more effectively.

The results of treatment efforts with addicts are not very encouraging. After an extensive follow-up study one researcher concluded, ".. neither kindness nor punishment helps. But several factors do appear to mitigate the addict's fate whether or not external intervention occurs ... Statistically addicts who had previous stable work patterns and addicts whose early family matrices were stable were the ones who eventually became abstinent ... Ethnic background, delinquency, mental illness, and family pathology had no bearing on prognosis. The length of addiction ... correlated only weakly with prognosis."[3] Among the few correlates of abstinence were found a temporary shift to alcohol use, and formation of a stable relationship with a non-blood relative. Effective treatment seemed to be related to extended compulsory interruption of addict behavior and enforced abstinence-by hospitalization or imprisonment.

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1. G. E. Vaillent, "History of Urban Narcotic Addiction," ... p. 355.

2. C. Winick, Bulletin on Narcotics, 14, 1962, pp. 1-7.

3. G. E. Vaillent, ibid., p. 355.

A careful summary of follow-up studies found abstinence more frequent among women, among those who are older at the onset of addiction, those who did not begin for kicks, and who had lesser histories of anti-social behavior prior to addiction. Other important factors were less involvement in drug sub-cultures, and fairly long periods under control in institutions or on parole status. However, the importance of these features varied from study to study, and in some studies they could not be demonstrated.[1]

Sponsorship of treatment programs has reflected public policy and value decisions in the community about which programs were worthy of support, continuation, and extension. Since most programs rest on strongly held belief systems rather than research evidence, their claims cannot be evaluated.[2] The competition for limited funds is keen and the debate often acrimonious.

1. J. A. O'Donnell, "Social Factors and Follow-up Studies in Opiod Addiction," ... p. 342.

2. P. H. Connell, "Treatment of Narcotic and Non-Narcotic Drug Dependence: The Need for Research," Modern Trends in Drug Dependence and Alcoholism, ed. R. V. Phillipson (London: Buttonworths, 1970), p. 44.

S O U R C E B O O K

Program Development

Inservice Education

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Introduction

This sourcebook was written to accompany materials provided during a series of workshops on drug education conducted by the Center for Continuing Education of Syracuse University. The workshops were held during October and November, 1971.

Intended for practicing teachers and administrators, the handbook provides a series of tips on how to install new programs in schools. The guidelines on selecting and building programs, inservice workshops, and the use of teacher leaders were drawn from other materials written by experienced program developers and installers, as well as from the author's experience.

I. General Guidelines

A. All activities associated with the introduction of new programs involve

1. teamwork -- formal development teams or informal groups of interested staff

2. program search or development -- new programs built by others may be found and blended with local curricula; barring this possibility, new programs can be developed locally

3. inservice staff education -- an essential ingredient of teamwork and program development.

NOTE: These three elements are extremely important and inseparable.

B. There are four phases involved in new program development and introduction.

1. Readiness -- the phase during which schools take stock of their local needs, and the attitudes of students, teachers, administrators, and parents

2. Selection or Development of a New Program -- the period of search and selection of new materials and programs; or the building of local programs

3. Implementation -- a phase when a trial run and modifications are made in materials; a transition to full use of a program

4. Assessment -- during and following trial runs and full use of a program the sucess of the materials in actual classroom use should be evaluated (both student success and attitudes and teacher attitudes should be checked).

C. General Tips

1. New programs should be acceptable to staff and should be seen as an improvement over what exists in a school

2. Administrative support is necessary

3. A willing staff is essential. People cannot be ordered to teach a new program.

4. Active, informed teachers are a positive influence in the introduction of new programs.

5. Inservice education during all phases of program development and introduction is necessary.

6. Find and select materials and equipment suitable for the students and teachers.

7. All elements of a new program must be readily available to teachers. Shortcuts and sharing among many teachers does not work well and affects attitudes.

8. Communicate thoroughly and regularly with staff.

9. It is highly desirable to use consultant help. The consultants may come from within the school or from outside. Be sure consultants:

   (a) are in the school, in the classroom
   (b) help interpret materials, program outlines, etc.
   (c) help with equipment
   (d) participate in teaching
   (e) are seen as non-evaluating professional advisors

10. Introduce only one or two new programs at any one time.

11. The "trial balloon" approach works best -- two teachers per grade level in a school should try the program first.

12. Principals and supervisors should participate fully in inservice sessions.

13. Inservice education should be in a workshop format.

14. Inservice education should be continuous during trial runs and the initial introduction of the program. New teachers should receive orientation workshop training.

II. Readiness Phase - Tips

When contemplating the introduction of a new program keep these suggestions in mind:

A. Be sensitive to teacher attitudes, morale, and curricular preferences. Find out how they feel.

B. Get outside assistance if you need it. Consultants can help find out about student, parent and teacher attitudes.

C. Involve the school district central office staff in securing consultant help.

D. If you use outside assistance, do so to meet school needs. The consultant's stake in the program has a lower priority.

E. Stay financially independent of outside agencies that offer help. Be sure that responsibilities and roles are clear before beginning work with such an agency.

F. Brainstorm your needs. Sometimes a person not familiar with the program can act as brainstorm leader. He must know the ground rules of brainstorming to give real assistance.

G. Involve teachers and students in a dialogue over curricular change.

H. Clarify and list new and additional teaching - learning activities and behaviors demanded by potential new programs.

I. Very early in the effort, encourage teachers and students to participate in some facet of the program, e.g., search for programs, selection of new materials, development of new programs, trial of program segments, evaluation.

III. Selection of a New Program

A. When seeking a new program, examine curricula available from publishers, other school districts, and state education agencies to see if they have:

1. clear statements of objectives.

2. a variety of instructional materials, methods, and suggestions for classroom organization.

3. reliable and valid measures of student proficiency.

4. detailed plans for teacher education related to the program.

5. evidence of the program's success in other schools.

B. To find and choose new programs to meet your needs, consider this sequence of events:

1. Assemble a team of students, teachers, and other staff members.

2. Brainstorm your criteria for a new program; review information on current curricula, and student and teacher attitudes

3. Make a checklist of your criteria; for example,

   (a) Does the program exist? Is it available?

   (b) Does it have a sound educational base?

   (c) Was the program developed in a systematic way?

   (d) Has the program been used widely or over a period of time?

   (e) Has the program been evaluated?

   (f) Is it designed for the ages or grades we wish to reach?

   (g) Has the developer explained the rationale, design, objectives, evaluation data, and use of the program adequately?

   (h) Does the program claim to meet objectives similar to ours?

   (i) Are there stated terminal objectives?

Your list will probably include local concerns -- cost, format, parent education materials, etc.

4. Team members check publications related to the topic and list a group of sources for information.

5. Team members and other interested staff (audiovisual experts, librarians, supervisors) make contacts to secure information and samples of programs. They survey other teachers, publishers, clearinghouses, education agencies, and others who might be able to help.

6. The committee and other staff review the materials against the criteria.

7. The staff selects some potential programs for limited trial.

8. With committee help, and information secured from trial runs, a program is chosen.

C. Some tips on searching for and selecting programs:

1. Be sure your search committee represents teachers, students, principals, district office personnel, content coordinators, counselors, and parents.

2. Clarify team members' tasks early.

3. The team coordinator can be anybody with interest and commitment. It need not be -- perhaps should not be -- an administrator.

4. Be sure to survey staff about their curricular needs and preferences.

5. Survey student attitudes toward current programs.

6. Survey parent attitudes.

7. Check recent professional and popular publications about the area you are surveying.

8. Think through your strategy for meeting resistance.

9. Be sure to set your criteria for a new program before searching.

10. When searching, check all the sources you can think of. Use publishers, ERIC, Education Index, professional organizations, and other school districts.

11. Be sure every committee member has a search assignment, and a responsibility to check materials received.

12. Be prepared for the prospect that no one program will meet your criteria. Choose the most promising materials or combinations of programs.

13. Display program materials received for faculty and student examination.

14. Keep people informed about your progress. Show them your checklists and ratings of programs.

IV. Program Development

A. Let's suppose the search for a new program fails to give you what you want or you feel your needs are such that a local program should be developed. In this event, pay attention to the tips on teamwork in the previous section and consider this sequence of events.

1. Assemble a team to undertake program development. Seek a cross-section of staff -- both in positions and content preference -- and students.

2. Remember, the program should provide:

(a) objectives

(b) a variety of materials and methods

(c) student evaluation

(d) plans for staff inservice development

(e) plans for evaluating the program

3. Assemble all the materials you can pertaining to the area (check search procedures in the previous section).

4. Brainstorm what you want.

5. Write some trial pieces of the program.

6. Ask other teachers to try the pieces and feedback results.

7. Modify and add to your program. Go back to step 6 periodically.

8. Use the developing program as a focus for inservice education.

9. Team members should act as teacher leaders (consultants) in their home buildings as the program passes from the "trial balloon" to the first tryout phase.

B. Some Tips:

1. A team may be either a single cross-section team or a coordinating group with working subgroups organized by levels, by component (e.g., preparation of tests), or by interest.

2. Use support staff: librarian, media specialist, psychologist, speech correctionist, etc.

3. When a "trial balloon" point is reached, be sure that both teachers on the team and others try "the stuff".

4. When programs are tried check these things:

   (a) classroom management involved

   (b) teacher acceptance

   (c) student acceptance

   (d) appropriateness for the students

   (e) design of materials

   (f) durability of materials

   (g) adaptability to small group work

   (h) fit with stated objectives

5. Be sure to talk through philosophy on the development team.

6. Get training in development work, e.g., writing objectives; inventing teaching aids; writing evaluative devices.

7. Be sure the development team has materials readily at hand.

8. Don't be afraid of brainstorming. Get outside help if you need it.

V. Implementation - Suggestions.

When a program reaches the point where two or more teachers are going to use it fully, as developed, careful attention should be

paid to the manner in which this implementation is accomplished.

Here are a few hints:

A. Consider a trial run with new material for a year before making a heavy investment in money.

B. Make every effort to get two or more genuine teacher volunteers per grade involved before launching the effort.

C. Take time to study the new program (materials, and literature), visit other schools, and use consultants.

D. Stay in touch. Circulate information about the new program; solicit questions, opinions; present suggestions.

E. Be sure instructional materials are ordered and delivery guaranteed before beginning to use a program. Foraging is time-consuming and discouraging.

F. Examine the materials you need before placing orders.

G. Be sure a cooperative friendly relationship exists between teachers who share equipment or materials. If possible, their rooms should be close together.

H. If expendable materials are involved, set up a petty cash system to secure these things.

I. Start using a new program only after a comprehensive workshop program has started and is assured of continuing.

J. Set up a simple system to record flaws in the program and materials. Also record modifications made by teachers and their solutions for difficulties encountered.

K. If you use a consultant

1. list your expectations clearly at the beginning

2. schedule the consultant so people are free to talk with him

3. schedule the consultant so he gives direct help in classrooms, e.g., co-teaching, demonstration teaching, observations, conferences.

L. Use subject supervisors as consultants.

M. With the staff,set instructional goals for the grade, or the year, regarding the new program. Review progress from time to time. Keep teachers in successive grades informed.

N. Reassure teachers that it takes time to perfect the instructional approaches that go with a new program.

O. Insofar as possible, get exemption from the usual evaluation by standardized achievement tests during the curriculum trial phase and early use of a program.

P. Stay in touch with parents. Use the parent conference or a summary sheet in the report card envelope to do this.

VI. Inservice Education -- Workshops

Inservice education is an essential ingredient in new program development and introduction of different materials and techniques into the classroom. One highly successful approach to staff development is the workshop. Here are some suggestions to consider as you undertake the planning and conducting of workshops.

A. While the information to be given in a workshop is important, the focus should be on the problems of the participants. Therefore, workshops should be flexible and open to change.

B. Make your workshops work workshops, not talk workshops. Build them around the inquiry approach. Avoid experts giving answers and solutions.

C. Leaders of workshops should be guides and learners, not sages.

D. Build "stop action" into workshop sessions and ask

1. What have we done?

2. Where are we going?

3. Do we need to change?

E. Take time to build group skills:

1. listening

2. consciousness of what helps (hinders) the group

3. consciousness of leadership that helps (hinders) group

4. use of feedback

F. Build workshops around the program as it unfolds in classrooms. Inservice education must be continuous.

G. Be sure teachers, supervisors, and principals are involved in planning workshops. Be sure everyone participates fully in workshops. (Yes, that means administrators).

H. Provide balance in workshop activities:

1. doing

2. handling materials

3. teaching small groups

4. helping each other

I. Workshop equipment and materials should be similar to that which will be used in classrooms.

J. Schedule initial sessions of workshops near the time when a program is to begin.

K. Use feedback reports on the program as a basis for workshops on creative local modifications of a program.

L. Some workshops during each year should involve micro or small group teaching with teachers helping each other.

M. Be sure to get feedback on workshop sessions and use the information to modify successive sessions.

N. Watch for university inservice workshops related to the program. Use these for local purposes.

VII. Inservice Education - The Teacher Leader

A. Probably the most direct way to help teachers learn about a new program and its ramifications in the classroom is to use internal

consultants, teacher leaders. These peer consultants provide non-threatening, non-supervisory help for teachers.

A teacher leader is a classroom teacher from the district who is familiar with the new program and is willing to help others learn about it. He is accessible, familiar with the local situation, and, on a temporary basis, available to give direct advice and assistance to his fellow teachers.

B. The role of the teacher leader is as follows:

1. He assists teachers in understanding printed materials associated with the program.

2. He assists teachers in assembling and using equipment and materials which are part of the program.

3. He assists in the evaluation of student learning.

4. He helps teachers with those organizational arrangements needed to make the program work, e.g., grouping of students.

5. He helps teachers find instructional media to enhance the program.

6. He orients new staff about the program.

7. He teaches demonstration lessons or co-teaches with teachers.

8. He conducts mini-workshops.

9. He helps teachers arrange to see other classrooms in operation using the new program.

10. He acts as a communication link in the building and back to the program's developers.

11. He helps evaluate the workability of the program.

12. He acts as a sounding board for teacher's comments on the program.

C. The teacher-leader approach works best if

1. the person does it on a short-term basis. Teacher leaders should rotate as new programs or concerns emerge.

2. the person is given free time to do the job.

3. the person is paid.

4. the roles and responsibilities are very clear.

VIII. Assessment - A Few Words

Evaluation of a new program should be continuous from the time when a school district has vague feelings of need for new or changed programs through search, selection, development, introduction and use of the programs. Suggestions about evaluation are interspersed in this guidebook. Here are three more for good measure:

A. Schedule regular sessions with the school staff to take stock of new programs.

B. Share successes, problems, and problem solutions. This works better than everybody going through trial-and-error use of new materials.

C. Ask outside consultants to help look at information gathered on the success of new programs.

IX. Resources

*Bickel, Robert and Jean Gill, Advice Into Action: A Guide to Curriculum Selection. Syracuse, New York: Eastern Regional Institute for Education, 1971.

Feinglass, Sanford J., "How to Plan a Drug Abuse Education Workshop", in Resource Book for Drug Abuse Education, Washington, D.C.: Dept. of HEW, National Clearinghouse for Mental Health Information, October 1969 (PHS Publication #1964, Supt. of Documents, $1.25).

Havelock, Ronald, A Guide to Innovation in Education. Ann Arbor, Michigan: University of Michigan, 1970. (An excellent guide to sources of information on curricula).

Harty, Harold and James Mahan, Tips on Curriculum Installation for Elementary School Principals. Syracuse, New York: Eastern Regional Institute for Education, 1970.

*Mahan, James and Jean Gill, Advice Into Action: How to Get New Programs Into Schools, Syracuse, New York: Eastern Regional Institute for Education, 1971.

Ritz, William and Charles Wallace, How to Conduct A Workshop, Syracuse, New York: Eastern Regional Institute for Education, 1970. (Available from CEMREL, 1460 Charles Rock Road, St. Ann, Missouri).

Wallace, Charles, et. al., The Role of the Teacher Leader in Curriculum Installation, Syracuse, New York: Eastern Regional Institute for Education, 1970.

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* These publications will be available soon from: Educational Technology Publications, Inc., 456 Sylvan Avenue, Englewood Cliffs, New Jersey 07632.

If you are interested in developing specific teaching skills in your workshops, contact:

Dr. Kenneth Simon
Director of Communications and Dissemination
Northwest Regional Educational Laboratory
500 S. W. Second Avenue
Portland, Oregon 97204

The Northwest Laboratory has prepared multimedia inservice materials for use in schools. Some topics are:

--facilitating inquiry in the classroom

--research utilizing problem solving

--interaction analysis

--higher level thinking abilities

--classroom questioning strategies

--interprersonal communications

PARAMETERS OF INSERVICE TRAINING

Robert F. Bickel *

This talk was originally billed as Everything You Always Wanted to Know about Inservice Education. The billing was changed primarily because we felt that no one really knows everything, that you would not care to hear everything, and I was determined not to try to tell the modest amount I know. So, let's share a few selected ideas--one man's view--and you pick and choose what you wish to believe and use.

In searching for a statement which would summarize concisely the major theme of the talk, I found an article by Stephen Bailey about teachers' centers in Britain.[1] Bailey points out that do-it-yourself inservice education such as occurs in these centers has a sound rationale:

> "(1) Fundamental educational reform will come only through those charged with the basic educational responsibility; to wit, the teachers;
>
> (2) teachers are unlikely to change their ways of doing things just because... reformers... tell them to shape up;
>
> (3) teachers will take reform seriously only when they are responsible for defining their own educational problems, delineating their own needs, and receiving help on their own terms and turf."

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* Robert F. Bickel, Ph.D., is the Adjunct Assistant Professor of Education, School of Education, Syracuse University. With Dr. Bickel's approval, we have reproduced excerpts of his speech which accompanied his Source Book at the IDEAS Conference.

1 Stephen K. Bailey; "Teachers' Centers: A British First"; Phi Delta Kappa; November, 1971; pp. 146-149.

The point of his comments and others we'll make today is that inservice education is best if it is close to where the action is and puts a high priority on involvment. Inservice education is something you do with people, not to people.

Let's back up a moment and examine where we are. There have been at least three threads running through this workshop:

- information on drugs
- ramifications of drug abuse for law, treatment, and the like
- program development (Schaffer, Gordon, Jamesville-DeWitt's team).

This presentation culminates the last thread. You have been exposed to extensive information about drugs and have given some thought to what you will do with the information. You have begun to work as teams. As in the case of teacher centers, success relates closely to teamwork. It is to teams engaged in program development and inservice education that this talk is addressed.

In a recent issue of Kappan, Roland Barth talks about open education, a very current, very attractive approach to school practice.[2] He points out that we, as educators, search for the new, different, flashy program; we settle for quickly devised facsimiles; and we give the new program a name or attach a slogan and pretend the program exists. We tend to accept a "quicky" solution when, in fact, it takes more than talk and good intentions to secure an effective instructional program.

A case in point is inservice education. It is often seen as a course, a workshop, a visit to another school, a speaker, or some buzz groups. These are elements, but what is lacking is planning, continuity, and some

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2 Roland S. Barth; "So You Want to Change to an Open Classroom"; Phi Delta Kappan; October 1971; pp. 97-99.

on going organization to sustain the thrust of the training.

It seems to me that the better approach to inservice education is to work on local problems, making that the focus for a continuing program of local staff training. Under such circumstances outside help fits into local needs. You whistle the tune! Then one-shot talks, visits to other districts, workshops, and courses are part of a planned series of events.

The Eastern Regional Institute for Education (ERIE) over a period of about four years worked with over one hundred schools in New York and Pennsylvania as these schools introduced a variety of new curricular programs. The staff of the laboratory noticed a sequence of phases which characterized schools which were successful in trying out and finally using new programs. Every stage can be looked upon as an opportunity for inservice education.

The first visible stage is readiness, a phase during which schools take stock of their local needs, and the attitudes of students, teachers, administrators, and parents.

What might your team do during this stage? Certainly grasp the opportunity to involve others early in taking stock. Survey the local scene to see where people are, what the current program has to offer, how people feel about the current program and potential changes, and what the professional staff and citizens want.

Barth, our author on open education, says that in the final analysis success depends on facing and answering several questions. I'll paraphrase his questions to fit our topic here. They are:

(1) For what kinds of people--teachers, administrators, parents, children--is drug education appropriate and valuable?

(2) What happens to students in drug education?

(3) Can teachers be trained to handle drug education?

(4) How can the resistance from children, teachers, administrators, and parents be surmounted?

(5) Should participation in drug education be required of teachers, children, parents, and administrators?

Use the readiness phase to build involvement. As a team, multiply your hands by inviting students, parents, and teachers to assist in the process of surveying preferences, current status of the program, and attitudes.

The second phase of the sequence leading to successful introduction of new programs involves two branches: selection of a new program or development of a new program. This stage may be a period of search and selection of materials, techniques, programs and/or building of local program elements.

Let's follow the search and selection branch first. A school staff, having some idea of the status of their current program as well as attitudes and chances of success, look for a program they believe will work --and the search becomes an inservice activity.

Let's suppose the search for a new program fails to give you what you want or you feel your needs are such that a local program should be developed. Then you need to follow the second branch of the search--development phase--that is, build your own program.

Here again, the initial steps are: assemble a team; assemble any materials and techniques you've uncovered in trying to find a program; look at the survey results from the readiness phase; brainstorm what you

want in a program; and set to work to build some trial pieces of the program.

Should you wish to make program development the focus for inservice education--A VERY GOOD IDEA!--then here is one way to look at the pieces that need to be developed. Each piece, in turn, is a fine focus for inservice sessions.

1. Clear objectives

   We won't quibble about behavioral, expressive, big, little, broad, narrow, cognitive, affective or other words of objectives. The point is to take time to develop objectives that are workable for you, classroom-related, tangible. Use the definition of objectives as an inservice opener; it is sure to warm up your team and others joining you. Decisions about roles, techniques, materials, content, and evaluation all depend on those objectives.

2. Variety of Materials

   Given the range of abilities, interests, and styles, among students in our classrooms, a variety of teaching-learning materials are necessary. These materials can be found, invented, built, based on the objectives the team has identified earlier and worked out in inservice sessions. A very productive workshop activity is to take the objectives, and information about the district and its students, and mix liberally with raw materials to create various learning activities. Its brainstorming at its best.

3. Variety of Techniques

   Following naturally on the variety of materials developed for teaching and learning are techniques of instruction which are

varied. Such concerns as organization of the classroom, grouping, independent study, media, stimuli for discussion, games, simulations and role play situations should be considered. Too often programs are viewed as simply objectives plus content. If we accept the view that education lives in the exchanges among students and teachers, then we must attend to the variety of techniques implied by our allegiance to interaction. While the preparation of lists of techniques is stimulating, what makes inservice education come alive is practicing the techniques in workshop settings with other adults and students. Don't miss such an opportunity.

4. Adequate Evaluation

While engaging in inservice programs focused on program development, take time to find or build ways of knowing if students are learning and if the program is practical, sound, and workable. Evaluative techniques built into a program give you feedback to make changes and additions to the program, to keep it dynamic. Evaluation need not be formal or complicated; it can consist of observation guides, checklists, student questionnaires, or simple voting devices. Brainstorming such varied approaches can be an exciting workshop activity.

5. Staff Training

No program is complete without a component addressed to staff training. In the situation we're promoting here the building of the program is the staff training. If an idea works, put it in!

Yet, inevitably, some teachers will not be included in the development phase or will join the staff later. There should be a section of the program which shows the procedures recommended

for staff orientation and training.

(An aside: As you review materials available from commercial vendors pertaining to drug education, ask the salesman if the program has objectives, a real variety of materials and techniques, a scheme for evaluation, and an inservice education component which is more than the conventional teacher's guide.)

We have said that the sequence in the development phase is assemble a team; brainstorm needs; look at the results of the readiness phase survey; assemble materials produced by others; and write trial pieces of the program--using all these steps as catalysts to involve others in inservice education.

Schools that are successful continue this sequence by trying the locally-produced program as it develops, feeding back information to the developers. Team members act as "teacher leaders" during such trial runs, helping others become familiar with the trial edition, assisting in teaching, and evaluating results.

This activity flows quite naturally into the implementation stage in the general scheme which began with readiness and continued through selection/development of program.

In schools that have succeeded in introducing new programs, a continuing phase, assessment, is always present. It parallels readiness, selection/development of program, and implementation. When viewed as an inservice education activity, it is powerful. That is, "taking stock" sessions should be intertwined throughout the phases of program introduction. Here teachers openly and frankly share successes, problems,

and solutions. This is the most basic self help approach to inservice training.

We have said that there is a strong link between program development and inservice education. Capitalize on this!

Further, we have suggested a sequence:

1. Assemble a team
2. Define the tasks
3. Go to work
4. Build a program
5. Try it out
6. Implement it when ready
7. Use teacher leaders from the team to keep it going.

The moral of this story is P-P-P-P-P-P. Translation: proper prior planning prevents poor performance.

LOCAL GOVERNMENTAL PERSPECTIVE ON DRUG ABUSE

Donald D. Boudreau *

OVERVIEW

This first slide gives an overall picture of the drug abuse treatment, rehabilitation and related programs according to their funding source. Most of the programs are funded by the State through the Narcotic Addiction Control Commission. However, there is a new program which will be funded by the Federal government through O.E.O., Model Cities, and the Y.M.C.A. The State through the Narcotic Addiction Control Commission had formerly operated a number of drug abuse treatment and rehabilitation programs directly. However, during the legislative session in 1970, $65,000,000 was appropriated for development of youthful drug abuser programs. This was part of an attempt by NACC to involve local government in local communities in development of programs. These were matching state funds and the locality had to put up a local share which was generally 50%. So, according to this plan the Narcotic Addiction Control Commission felt that in each locality, usually a county, one agency had to be designated the authorized agency to receive funds and supervise funding and programs. This agency could be a community mental health board or mental health department, narcotics guidance council, perhaps a county health department. In Onondaga County, since Department of Mental Health had already been involved in drug abuse programs, the County Executive designated the Mental Health Department as the authorized agency to receive funds. Thus any funds

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* Dr. Boudreau, M.D. is the Commissioner of Mental Health in Onondaga County. With his permission, we have reproduced the speech which he gave at the IDEAS conference. The accompanying slides follow.

coming from N.A.C.C. must be channeled through the Mental Health Department. In this way D.E.N., Argosy House were funded in August of 1970. Coming under this same appropriation is the B.O.C.E.S. school education program. A different appropriation, but still coming under the Mental Health Department funds is the St. Joseph's Methadone Maintenance Treatment Program. The one exception to the rule that N.A.C.C. funds must come through the Mental Health Department are the Guidance Councils. As we see on the slide the funds come directly from N.A.C.C. to the local or city and county governmental bodies.

The City/County Drug Abuse Commission apointed by the County Executive and the Mayor related directly to the executive department of the local government.

Funded privately are programs such as 1012, St. Mary's Detoxification Unit, and of course, local physicians. We will discuss these programs in greater detail later.

Slide 2 is the same as Slide 1, but the actual amount of funds are indicated. These funding figures are generally for 1971 and as indicated, D.E.N. is receiving $77,000, Argosy - $145,000. The school education program has by far the greatest amount of funding and is the most ambitious program that has ever been undertaken. The St. Joseph's Methadone Maintenance Treatment Program was funded in 1970 for nearly $170,000 or more accurately, $100,000 was for the last seven months of the year 1970. These funds were reduced in 1971 and $68,000 is all that is available at this time for this program. The City/County Drug Abuse Commission has recently received a grant from the Rosamund Gifford Foundation for $5,000. This is essentially to supply staff for this program. The actual amount

of money spent for private programs is not available, however, St. Mary's Detoxification Unit is supported primarily through Medicaid payments. The cost of maintaining one patient in the Detoxification Unit for a period of three weeks that is for the period of detoxification is _____. The various Narcotics Guidance Councils have available to them $121,000. However, it must be understood that the Councils have not spent anywhere near this amount of money. For example, the City Narcotics Guidance Council is only, at the present time, in the process of setup and the County Narcotics Guidance Council has not used any of the $11,000 available to it for the past year. It is reported that Model Cities has agreed to fund Project Rescue in the amount of $43,000.

Along with the responsibilities that the County Mental Health Department has for supervision of funds, the Department also has, of couse, responsibility for supervising the program. Both aspects of supervision are difficult in the sense that the Department is dealing with or originally was dealing with agencies which had just bee setup, therefore, did not have, in many cases, the experience and background to administer programs involving considerable amounts of money. In some cases, also, there has been considerable resistance to supervision. At times there was implied a message of "just give us the funds and we will run the program". This, of course, was not possible and in some instances where the Mental Health Department concept of how services should be provided, which was contrary to the agency's concept, pressure had to be exerted to get the agency to change their ideas. Along these lines, the 1012 program has discussed with us the possibility of funding. In the past, however, they have felt that County supervision might change the character of their program and therefore, they decided that they would prefer to continue to run it on purely

voluntary contributions. This is certainly an understandable position.

EXISTING PROGRAMS

A. Problems in Development

Problems in development have essentially fallen into three main categories: political problems, problems of inexperience, and problems involving conflicting philosophies and personalities. It might be well to spend a moment on how politics in a broad sense have influenced the direction of some of these programs. In order to describe this, it is necessary to give you some idea of the general breakdown of the appropriations which come from N.A.C.C. Thus, Slide 3 shows the Narcotic Addiction Control Commission supplying both direct and indirect services. As I indicated before, they have cut back to some extent on the direct services but, of course, they do supply some. The total amount for the direct services for 1971 is $72,000,000. $850,00 of this is for the community education offices which are located in the various communities throughout the State. Jerry Maywright, who will be talking to you tomorrow, is the local community education representative in this area. Under indirect services, you have the youthful drug abuser program funded for a total of $52,000,000, and a special grants appropriation of $20,000,000. These two appropriations are essentially for the same types of programs and in most cases involved the community putting up 50% of the total amount. There are $20,000,000 for methadone maintenance programs and in this case, each local program is funded 100% by the State and there are no local funds in the program at all. Narcotics Guidance Councils have $200,000 available to them, mostly on a matching 50-50 basis. Hopefully, this will give you some idea of the overall

amount being spent by the Narcotic Addiction Control Commission. Specifically, however, I should like to indicate that in 1970, for the youthful drug abuser program, there was a total of $65,000,000 available. Toward the end of the 1971 State fiscal year only a small amount of this total appropriation had been committed. The State, through the Narcotic Addiction Control Commission attempted to encourage communities to put up funds so that they could apply for State aid. However, in the fall of 1970, it appeared that not much of these funds would actually be used by the end of March 31, 1971, for the youthful drug abuser programs. A decision was therefore made to include drug abuse education programs. This broadening of the guidelines for the use of this appropriation was a unilateral decision by the State and came to local, or to us at least, by surprise, since the Mental Health Department was the designated agency for these appropriations. The Mental Health Department, therefore, became involved in the development of school drug abuse education programs. Plus, since it became politically expediate to use as much of the total appropriation as possible, the guidelines for use of this money were broadened and the Mental Health Department became involved in the B.O.C.E.S. program. It might be pointed out, however, that even with these broadened guidelines, the Commission had on hand at the end of the State fiscal year almost $52,000,000 of the original $65,000,000 appropriation.

Inexperience - Inexperience in supervision and operation of local drug abuse programs was not confined solely to the local agencies. Certainly, to the Narcotic Addiction Control Commission, the supervision of local programs was a new idea. N.A.C.C., in changing from the concept of operating direct services to indirect services has had its growing pains.

An illustration of this is in the program in which you are involved in today--the B.O.C.E.S. program. After N.A.C.C announced that the general guidelines for the appropriation of the $65,000,000 was being broadened, they further indicated that the local share did not necessarily have to be in cash, but that inkind services were reimbursable. For us in the Mental Health Department and certainly for N.A.C.C. this was also a new concept. For a number of months in late 1970 and early 1971, we were unsure as to how this would actually operate and, in fact, whether it was even legal. As it turned out, enabling legislation so that this could be implemented had to be enacted by the State Legislature during the 1971 legislative session.

Conflicting Philosophies and Personalities - A third problem in the development of existing services has been certainly in the area of conflicting philosophies and personalities. Many of the drug abuse treatment and rehabilitation programs are run by and certainly influenced to a large extent by individuals who themselves have been drug abusers or drug addicts. From their individual experiences they have developed definite philosophies of treatment and it appeared for a time that their thinking on these matters was very rigid and allowed for no flexibility in developing other types of programs. For example, in three of our programs, D.E.N., Argosy House, and Methadone Maintenance, the philosophies of treatment vary widely. In an area where treatment for the most part has been an abysmal failure, very few individuals have been rehabilitated, there is bound to be this problem. We have attempted, however, to examine each concept carefully and to be as flexible as possible in determining the validity of various divergent ideas and concepts proved to be or at least to some extent successful, individuals in the various agencies have come to be more

tolerant. This, of course, is not to say that no conflicts continue to exist, but at least at this time, they seem to be less prominent than before.

B. Operations

I should like at this time to discuss very briefly our view of how each of the various drug abuse treatment and rehabilitation facilities and programs should function, including also activities such as the Narcotics Guidance Council and the Commission of Drug Abuse. Slide 4 gives a brief description of the D.E.N., Argosy House, and the B.O.C.E.S. school program.

D.E.N. provides identification, motivation, referral and follow-up services primarily to heroin addicts living in the inner-city area. During the past three years D.E.N. has become the link between the heroin user and the various helping agencies in the community. Creating this bridge has not been an easy tack and the D.E.N. has had to cultivate both the trust of the addict population and the social services agencies. Addicts are suspicious of seeking help from established agencies. The traditional agencies, while willing to supply services, knew little about treating addicts. By making both sides aware of what was expected, D.E.N. has been able to arrange help for addicts who would have otherwise gone unaided and also has encouraged established agencies to learn more about drug addiction. D.E.N. has developed outreach techniques which would have been impossible for other agencies to develop and implement. Through street contacts and street work, D.E.N. has been able to identify addicts in need and not only to test their motivation and desire for help, but also to attempt to devel op this motivation. The follow-up procedures of D.E.N. have been the least structured element of the whole program. These services are improving. D.E.N. is presently planning to open a half-way house in order to help rehabilitation of female addicts returning to this community.

Argosy House is essentially a residential treatment facility for all types of drug abusers, but the focus is primarily on treatment of younger age group and soft drug abusers. Besides a residential aspect of the program, there is also an outreach day care and follow-up facilities. Since the opening of a store front located downtown on the first floor of the Gridley Building in March, 1971, more than 500 individuals, most of them under 21, have visited this storefront for counseling and referral. Argosy treatment program is, however, the residential theraputic community. The residential unit at 830 Wescott Street has never been adequate and it is hoped that a new and larger location will be obtained soon by this agency.

The drug education program administered by B.O.C.E.S. has, as you know, four basic elements: (1) the training program; (2) the programs in the local district schools; (3) community education; and, (4) evaluation. The B.O.C.E.S. organization has a contract with the Mental Health Department to administer the program and, in turn, B.O.C.E.S. writes contracts with the individual school districts for their individual programs. In addition, B.O.C.E.S. has a contract with the Syracuse University Division of Continuing Education for this IDEAS Training Program. B.O.C.E.S. also has a contract with the local educational T.V. Channel, which will supply additional training for teachers and also community education. The objectives of the school education program are: (1) to help teachers and administrators become better drug educators; (2) to improve students' knowledge of drugs and drug abuse; (3) to decrease the incidence of drug abuse among the student population; (4) to help the community at large to learn more about drug abuse through the resources of adult education;

(5) to help teachers to develop improved drug education curriculum in the schools; (6) to identify and help more youthful drug abusers. Because of the magnitude of this program, its cost since and because, in a sense it is a pilot project, it is important that the best possible evaluation of the results be accomplished. The effectiveness of the program will be measured using a modified version of the Narcotic Addiction Control Commission Attitude Survey. A randam sample of 10% of the students in the 22 school districts will be given this test. In addition, other methods of evaluation of the program will be made in the following ways: (1) records will be kept of the use of drug related materials, such as books and film strips which will be made available in local resource centers; (2) reports submitted by counselors to psychologists will be collected and categorized, as to whether the person submitting the reports expressed an opinion of the drug education program and if so, whether it was favorable or unfavorable; (3) numbers of referrals made by teachers and counselors, as well as the number of drug abusers, will be tallied; (4) some school districts also plan to compare the number of apprehensions of young drug users and the confiscation of drug related materials by the local police before the program went into effect, and after it has been in effect for one year.

Slide 5 describes something about the methadone maintenance treatment program at St. Joseph's Hospital. Methadone maintenance is essentially a treatment for long term heroin addicts who have attempted to overcome addiction to heroin by other methods and have failed. Since treatment cures for heroin addiction have been less than 5% of all patients treated, methadone maintenance is an attempt to develop a type of program which will indeed be successful. Very briefly, the treatment can be broken down

into three stages. The first stage is that of induction, which is usually carried out on an outpatient ambulatory basis and lasts for six weeks. In some cases, the patient, during the induction phase, may be hospitalized for the initial three weeks. During this stage the patient is detoxified from 80 to 100 milligrams daily. At this level of methadone ingestion, heroin even given intravenously has no effect on the individual. That is, methadone effectively blocks the action of heroin. While support and rehabilitation services are supplied to the addict during the induction phase, it is during the second stage or stabilization that concentrated efforts are made toward resocialization and rehabilitation. Stage two patients are usually required to continue receiving methadone from the clinic on a daily basis, but later depending on the individual, the patient may be given methadone to take home, so that he or she does not have to attend the clinic every day. Stage three is that phase of the patient's treatment when some social, emotional and economic stabilization has occurred. At this stage the individual will probably have successfully reentered the community and hopefully will be gainfully employed and self-supporting. In this stage of treatment patients will attend the outpatient facility to receive their maintenance doses of methadone. The frequency of their contacts will be determined by the success they are having with the program. Criteria for admission to the program are important since not everyone taking heroin can benefit from such a program. Criteria are as follows: there is, of course, no restriction as to sex. However, in regard to age, in most cases patients should be 21 years of age or older. The patient must be willing to participate in the program and, in fact, must be well motivated. Generally, there must be a measure of emotional stability and obvious psychiatric problems might be the basis on which to refuse

an individual admission to the program. One of the most important criterion is that a patient have a history of at least three years of heroin addiction and have attempted other methods of treatment for this problem before. The heroin addict must not be a regular abuser concommitantly of alcohol or other drugs such as amphetamines, barbituates, darvan or hallucinogens. Also, at the present time, the patient must be a resident of Onondaga County. Finally, this is a complicated program, much which cannot be discussed at any great detail at this time. Suffice it to say, however, it is essentially still an experimental type of treatment and for a number of reasons, controversial. We feel, however, that it does offer certain types of heroin addicts an opportunity for rehabilitation and stabilization in the community, which they would not otherwise have.

Slide 6 shows programs that are not funded through the Mental Health Department. St. Mary's Drug Detoxification Unit, as indicated before, is supported through third party payments, primarily Medicaid. Any drug abuser or addict requiring hospitalization while undergoing withdrawal from drugs is eligible for admission to the unit. Referrals are accepted from physicians, drug abuse programs, police, but final determination for admission is made by the unit's Director. Period of treatment is for three weeks and if the addiction is to, and the patient is withdrawn, using decreases of methadone administered orally. In addition to medical treatment, the patient is expected to participate in the daily scheduled group discussions, work assignments, theraputic activities and orientation of new patients. The unit's staff social worker is reponsible for developing with the patient a plan for after care. Some of the patients who are detoxified in this unit actually go from here to the methadone administrative program at St. Joseph's.

The 1012 Crisis Center was founded in October of 1969 on the basic principles of neutrality, confidentiality, and advocacy. 1012 takes no moral stand on drug abuse or any other problem presented to it, trying instead to help the individual to know his own needs and respond to them. 1012 is solely the advocate of the individual in crisis and does not function punitive or judgmental representative of society. It operates on a 24 hour basis. In all areas of crisis intervention, the staff and volunteers give as much help as they can and when necessary call in professional assistance or make referrals. In the past two years more than 7,000 crises of various kinds have been handled by 1012. Staff members and volunteers have encountered situations involving drug abuse, attempted suicides, psychiatric problems, runaways, legal problems, pregnancy counseling, and medical treatment.

With a few notable exceptions, local physicians have been slow to respond to the drug abuse crisis. Especially in the area of hospital detoxification and outpatient counseling. Greater physician participation is needed. However, in defense of the physicians, it must be stated that the laws governing prescribing opium derivitives, natural and synthetic, have mitigated against the physician in office practice becoming involved in this type of drug abuse problem.

Slide 7 is on Narcotics Guidance Councils and the City/County Drug Abuse Commission. The development of Narcotics Guidance Councils is an attempt to involve local citizens on a volunteer basis in problems of drug abuse in their own locality. It is in essence, a mechanism by which individuals may attempt to setup volunteer programs to combat drug abuse. Since it is a grassroots citizen-oriented volunteer program in which each

individual council sees its task a little bit differently; it is important for such a council to relate directly to its respective municipal governing body. Thus, the County and City Guidance Councils are responsible to the County Legislature and the Common Council respectively. The grassroots nature of the town and village Narcotics Guidance Councils has impeded effective coordination and in fact, perhaps, coordination is not necessary in this area. Communities respond differently on the perception of the drug abuse problem as it exists in their own locality. The Department of Mental Health has assisted the County Legislature in its development of the Narcotics Guidance Council, but at the present time, the Mental Health Department functions merely as an advisor or in an advisory capacity to the Council.

The functions of the City/County Drug Abuse Commission are listed in the second half of the slide. The Commission is essentially an attempt on the part of the City and County government to use its resources to focus on the problem of drug abuse as it effects the metropolitan community and to attempt to coordinate medical, legal, educational, governmental and community efforts. While the Commission legally has powers to act as a review board and as a coordinating agency, it appears at this time that it can function most appropriately as a body of concerned citizens, who are not necessarily experts in the drug abuse field, to identify problems, gaps in services or overlapping services. To use their powers and their collective influence in an advocacy manner. Thus, once a problem is identified and a way of dealing with the problem is developed, the Commission can be the mechanism by which the solution to the problem is expeditiously carried out. The Commission with 16 members functions through three sub-committees, namely Law Enforcement, Education and Communication, and Treatment and

Rehabilitation. Its work has initially been hampered by lack of staff. Hopefully, with funding from the Rosamund Gifford Foundation, this situation will be improved. The Commission is accountable to the Mayor and the County Executive. Each appointed eight members.

C. Results

The need for evaluation of the existing programs is, of course, very important, but a very difficult task also. Each program has built into it certain methods and schemes for evaluation. The total overall evaluation of results is a function of our Department for at least those programs that are funded through our Department. Each year as we prepare the budget for agency for the coming year, results have to be evaluated. If certain programs do not seem to be fulfilling a need or living up to what they had expected to reach, it becomes necessary to reconsider the programs and the whole question of priorities. Certainly all of these programs are too new at this time to make any kind of a definate statement regarding their effectiveness and success. However, because public funds are being expended in these programs, it is continually necessary to make some sort of an evaluation in regard to their effectiveness. Statistics can be extremely misleading and frequently not very helpful. However, for what it is worth, slide 8 shows some statistics in regard to the various types of programs that are being carried on in the community at the present time. For example, statistics shown in Slide 8 give no indication of the large amount of time which has been spent by staff members of various agencies on community education. While the number of community talks can be enumerated, it would be very difficult to measure the skill and effectiveness of these talks and their influence on the total problem in the community.

FUTURE PLANS AND DOUBTS

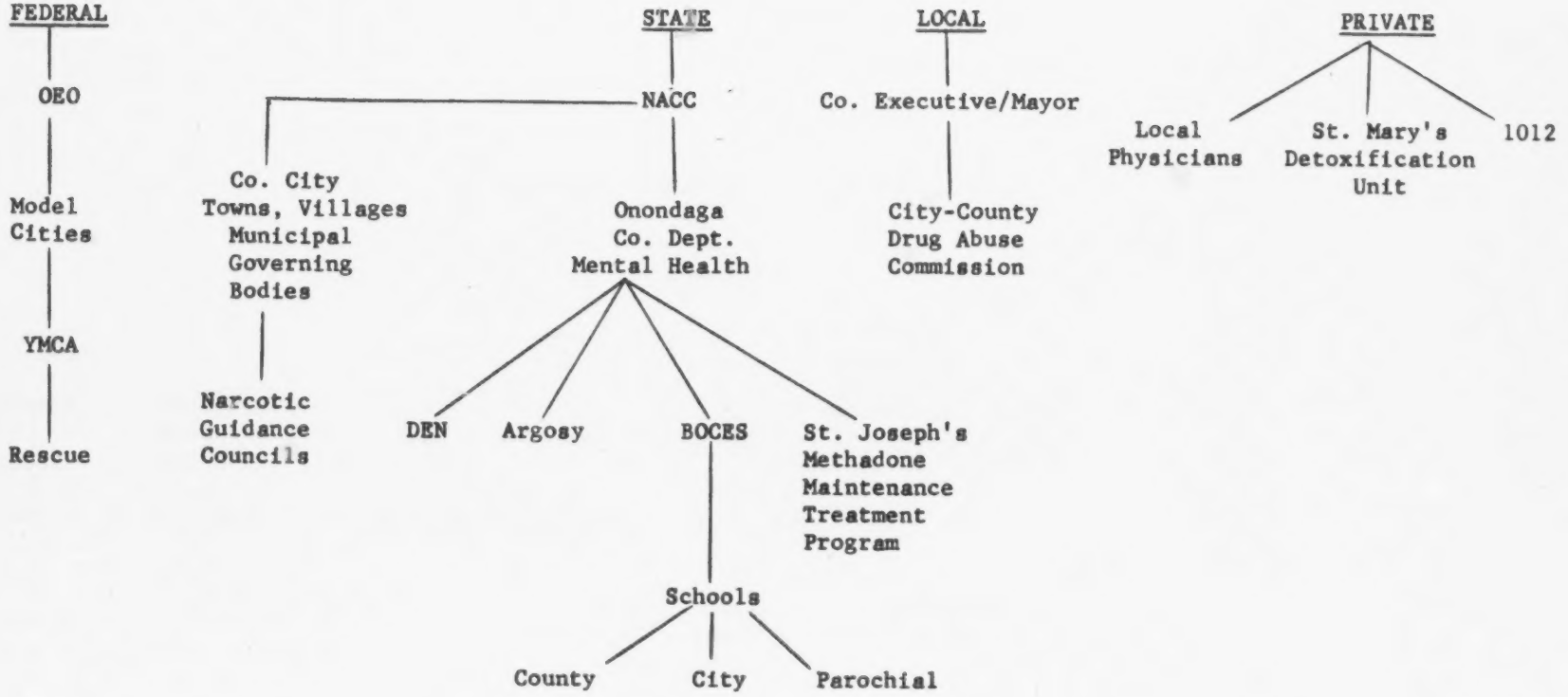
Finally, I should like to make some general statements on the future plans and some very real doubts that I have regarding the drug abuse picture. In regard to the B.O.C.E.S. drug education program that we are all involved in. One of the main difficulties we have is that there are no real models or guidelines to help us since the program is essentially a new one, not only for this community, but for the state and country as a whole. Mistakes that are made here, and certainly we will make mistakes, hopefully will guide others who are planning such programs. A program of this size devised to address itself to a problem that is so defuse as drug abuse, will certainly be open to criticism from many sources. However, it appears to us that in a very general way, we are attempting to influence a certain sector of the school population and in fact, a certain sector of the general population.

Slide 9 illustrates this point. While certainly the percentages are merely guesses, it is my feeling that there is a hard core group in the community and schools which has problems regardless of and quite apart from the drug abuse situation at present. These problems are manifested by behavioral disturbances of various types including the use of drugs. At the other end of the continuum is another percentage of the community which has learned or developed ways of handling problems through innate resources and internal mechanisms. This group then probably would not be very much influenced by the external stresses or environmental hazards that occur. The vast majority of the population, including the school population, however, will be influenced by the availability and exposure to drugs. It is this group that I feel we are attempting to reach through this drug abuse education program. Certainly, anyone who is using or abusing drugs

and enjoying it is not going to be influenced by any sort of educational program. Our efforts must be directed toward informing students in regard to the facts and pointing out dangers and risks where such dangers and risks can be identified and proven.

In regard to doubts, these are many and varied. Decisions must be made now and in the future in regard to the magnitude of the problem and in fact, whether it is a problem at all. That is, a problem in the sense that any measures which we might take to influence it would have any such effect. It may just be possible that the problem is in fact a self limiting one. That a certain percentage of the population will be addicted to something whether it be alcohol, drugs, gambling or whatever. Are we then dealing with a problem which doesn't really affect the total population, but only a small portion that is addiction prone? I certainly don't know the answers to these questions and we may not know until some time in the future or perhaps never. We also have to look at the whole question of priorities and where we will put our limited resources. There are many problems, the importance of which cannot be denied and which are only inadequately being handled at the present time. For instance, improvement of children's services of all sorts, the problem of alcohol and driving while intoxicated, basic mental health services to minority groups. How do we handle our aged populations and even more general questions of racism, war and population control. Thus, while we are concerned about the drug abuse problem, we must nevertheless continue to be flexible and open minded about it and try to keep it in its proper perspective.

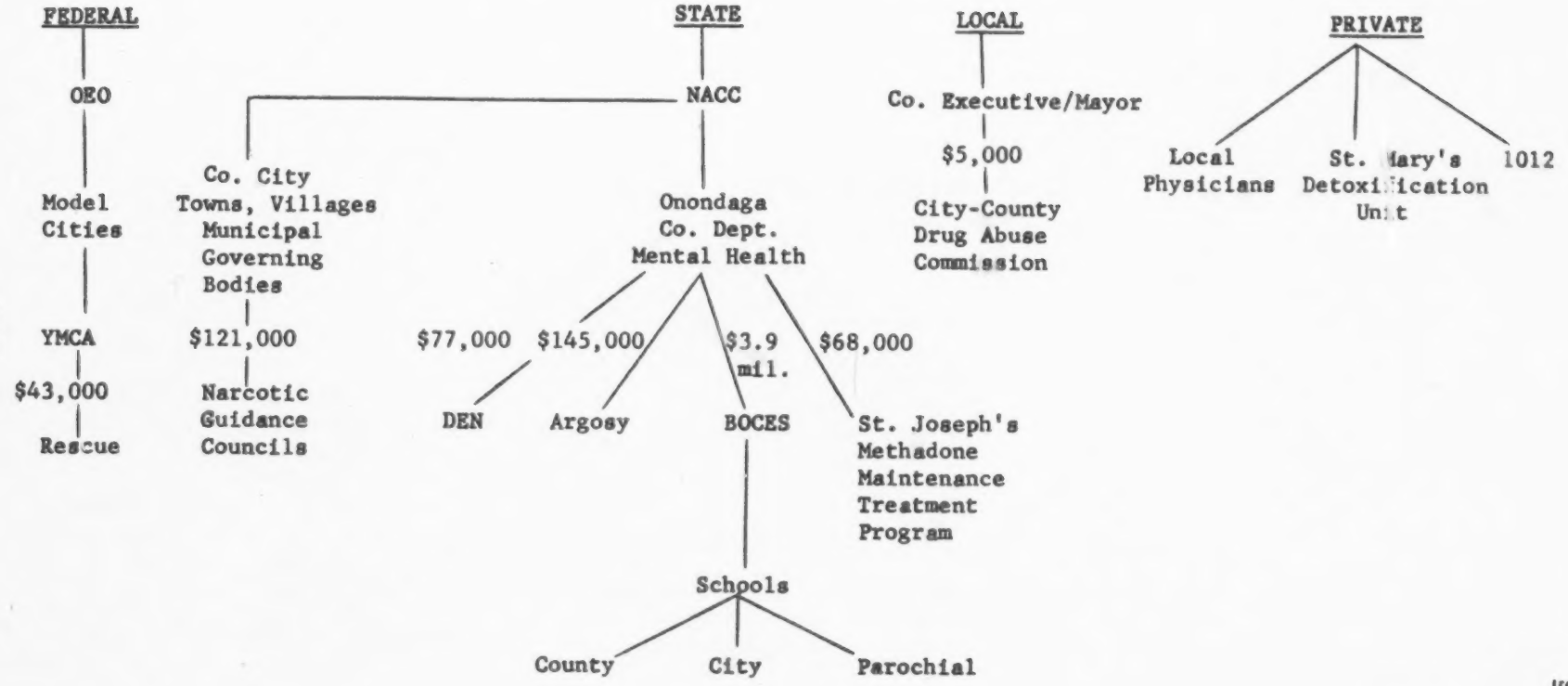
PROGRAMS



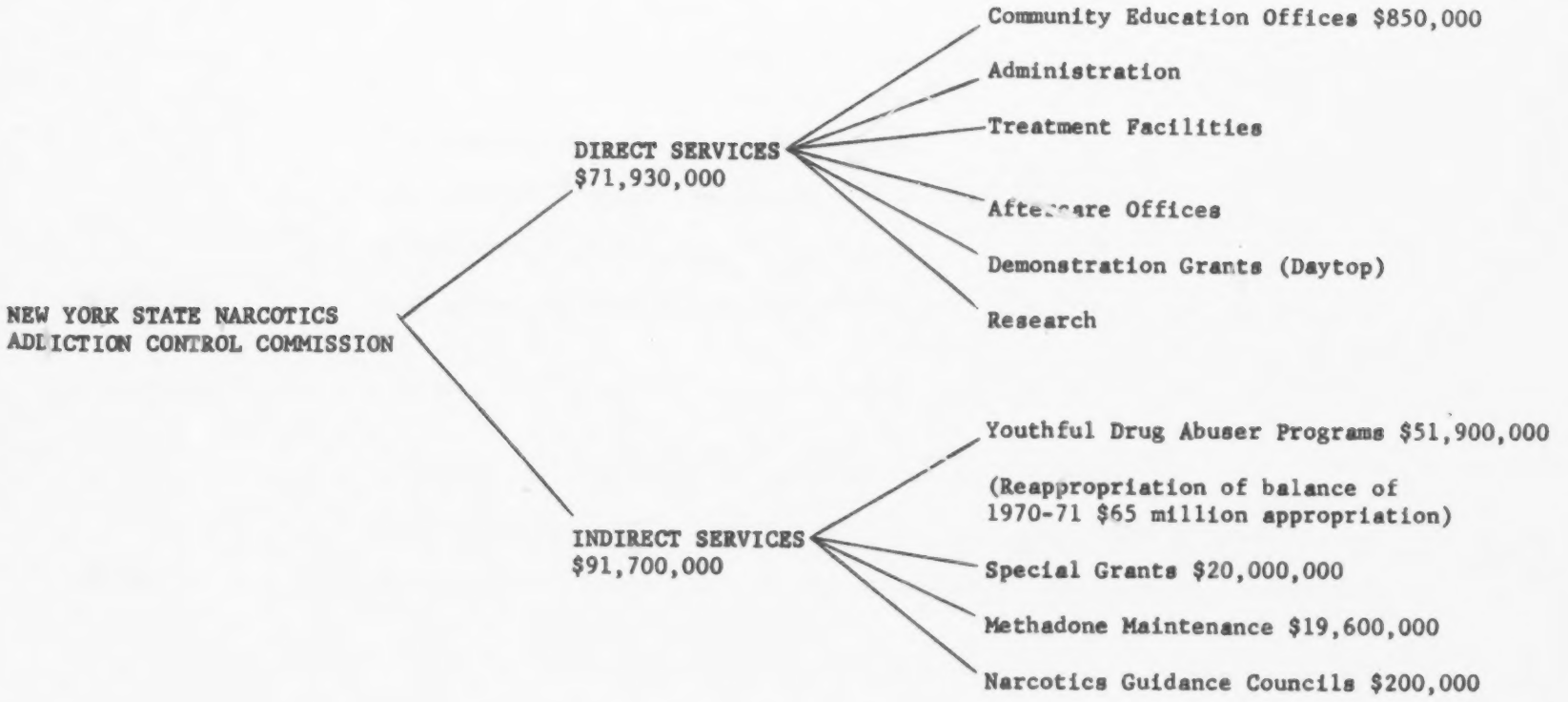
SLIDE 1

BUDGET FIGURES FOR 1971

PROGRAMS



SLIDE 2


NEW YORK STATE NARCOTICS
ADDICTION CONTROL COMMISSION
DIRECT SERVICES
$71,930,000
Community Education Offices $850,000
Administration
Treatment Facilities
Aftercare Offices
Demonstration Grants (Daytop)
Research
INDIRECT SERVICES
$91,700,000
Youthful Drug Abuser Programs $51,900,000
(Reappropriation of balance of
1970-71 $65 million appropriation)
Special Grants $20,000,000
Methadone Maintenance $19,600,000
Narcotics Guidance Councils $200,000

SLIDE 3

D.E.N.	Agency founded in 1968, by ex-addicts - provides: (1) identification, (2) motivation, (3) referral, (4) follow-up services primarily to heroin addicts living in inner-city area - half-way house planned.
ARGOSY	Residential treatment facility for all types of drug abusers - primarily focuses on treatment of younger age group and "soft" drug abusers. Includes: (1) outreach, (2) day care center, (3) follow up.
B.O.C.E.S.	Drug education program for Onondaga County Schools (plus Cazenovia and Chittenango Schools - Madison County) (1) Training - IDEAS, (2) Local district school programs, (3) Community education, (4) Evaluation.

SLIDE 4

METHADONE MAINTENANCE TREATMENT PROGRAM - ST. JOSEPH'S HOSPITAL

TREATMENT:

Stage I	Induction
Stage II	Stabilization
Stage III	Rehabilitated Phase

CRITERIA FOR SELECTION:

1. Sex
2. Age
3. Voluntary
4. Emotional Stability
5. History of Addiction
6. Other Drug Abuse
7. Resident of Onondaga County

SLIDE 5

75

S T . M A R Y' S	-	HEROIN DETOXIFICATION - 14 BEDS
1 0 1 2	-	24 HOUR CRISIS CENTER
L O C A L P H Y S I C I A N S	-	WITH A FEW NOTABLE EXCEPTIONS HAVE BEEN SLOW TO RESPOND TO NEED

SLIDE 6

NARCOTIC GUIDANCE COUNCILS

- Local Towns, Villages - 9
- County
- City

CITY-COUNTY DRUG ABUSE COMMISSION - 16 Members

Functions:

(1) Review Board

(2) Coordinating Agency

(3) Clearing House for Information

(4) Sounding Board

(5) Stimulus for New Approaches

Powers to recommend and investigate

Reports to Mayor and County Executive

SLIDE 7

DRUG ABUSE SERVICES

ADMISSIONS JANUARY-AUGUST, 1971

DETOXIFICATION - 100

St. Mary's
VanDuyn
Other Hospitals

COUNSELING-DAY CARE - 255

Argosy House
D.E.N.

THERAPUTIC COMMUNITY - 46

Argosy House

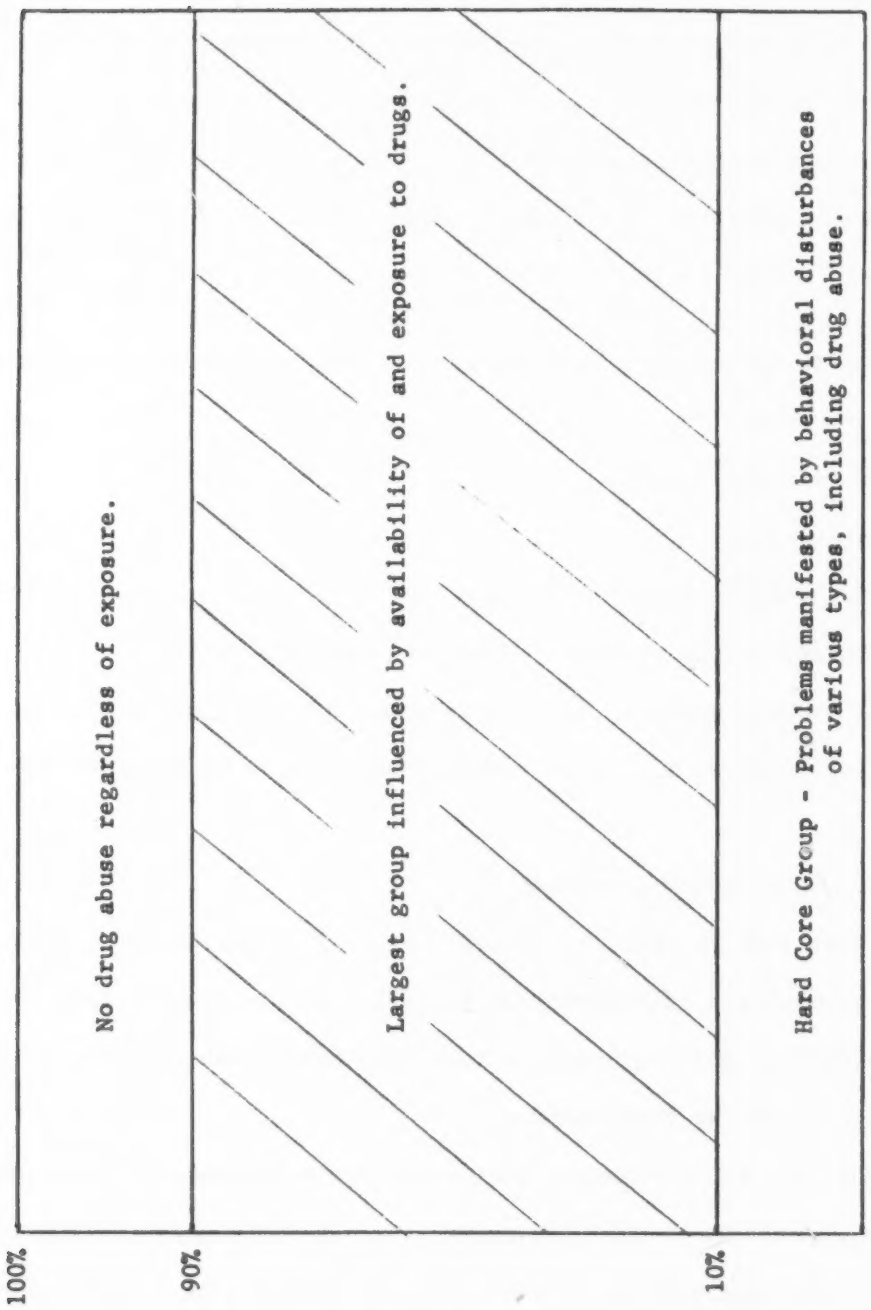
CRISIS INTERVENTION - 507

1012

METHADONE MAINTENANCE TREATMENT PROGRAM - 51

St. Joseph's Hospital

SLIDE 9


100%
90%
10%
No drug abuse regardless of exposure.
Largest group influenced by availability of and exposure to drugs.
Hard Core Group - Problems manifested by behavioral disturbances of various types, including drug abuse.

INTERVIEW WITH ANNETTE

At the Institute for Drug Education at Syracuse, Michael Reagen, Program Director, interviewed Annette. Annette is a thirty-one year old native Syracusan, a nurse, a graduate of Nottingham High School and Syracuse University, and an ex-heroin addict. She is currently on a methadone maintenance program at St. Joseph's Hospital. This interview was taped and used during the IDEAS Program. It has been reproduced in the following pages.

Reagen: You've pretty much gone through all the experiences of a person involved with drugs.

Annette: Except jail.

Reagen: Except jail.

Annette: And confrontations with law.

Reagen: Confrontations with law - have you been arrested?

Annette: I've been arrested concerning drugs twice and presently on probation for five years. This is what shook me - awakened me to the reality of -

Reagen: Of what - being arrested?

Annette: That I am in trouble. I need help. I've got to get out of this bag...when I was cold-turkeying in jail. In L.A. County this was. I was convicted of selling heroin. I am very lucky that I am on probation because this is not my first arrest.

Reagen: Now, you are a hometown girl - you are a graduate of Nottingham High School, graduate of Syracuse University - a nurse - you worked as a nurse in this community as a, when you were younger, as a recreation

worker - you worked in a variety of jobs, here locally, and you went away for a couple of years, more than a couple, came back into Syracuse and - how are you accepted here in Syracuse? In Onondaga County?

Annette: Well, the only people that know I am an addict - my family and the people at the hospital and in the clinic.

Reagen: In the methadone maintenance program.

Annette: And the people that I have met down there. Outside of that - the general population doesn't know - ex-friends, relatives, neighbors - they don't know about any of this that I am relating to you. And,

Reagen: Why are you relating this to me? Why have you consented to talk to us?

Annette: Because I am just representative of something I feel unless we do something of - about - society is going to see a lot of me's - a lot of people like me, walking around. And if this can be prevented, if I can do something, if people would listen and say, "Hey, there's something to this drug thing that's going on." Maybe it can be prevented.

Reagen: You know that we are taping this program for use with the drug education training of teachers and, hopefully, we'll also use this in the, perhaps, in the schools and, if you had one message that you wanted to give to teachers, what would it be? To adults, what would it be?

Annette: I'd say - Listen.

Reagen: What do you mean - Listen?

Annette: Listen to what the youth is saying with their screaming. Listen to what they have to say. Listen to what I have to say and people like

myself. There's a big cultural social revolution. It's real. It's here. It's happening. Drugs are a part of it. I think when you attack the problem of drugs and drug education, you are attacking a lot of social ills in our community.

Reagen: Yes.

Annette: Drugs are just - in some instance - just a symptom - just one thing.

Reagen: Yes.

Annette: of the ill. That's why I say that listen is the most important.

Reagen: All right. Adults should listen. What should kids do? Suppose there is a young girl, a young fellow who eventually sees this tape, a Syracusan much like yourself, you know, like ten years ago.

Annette: Yes.

Reagen: If you had one message to give to them, what would it be?

Annette: Oh, if I had one message to give to someone my age then - I would say to them, "Do your thing - but do it, do it right."

Reagen: What's that mean?

Annette: You can do your thing the wrong way or the right way. You can do your thing so it is fruitful, so it helps yourself - society - or you can do it wrong. And that's not doing your thing.

Reagen: What about drugs? What would you tell them about drugs?

Annette: Drugs - you cannot do your thing right. You cannot be a contributing and truly member of society - a good friend. You cannot love. You cannot feel when you are involved in a drug scene. Even though I was working when I was an addict - a nurse - and I was doing all these

things, you must remember, too, I turned off friends. I started stealing. My values all changed. It wasn't as nice as I make it sound. And therefore, you cannot do your thing when you are away from reality. You have to...by doing your thing...you have to stand up and face reality. You have to care about your fellowman and you have to love yourself first. Respect yourself and, I finally can do this now, but I want the youth of today to be able to do this. To have the opportunity. I want people to listen to them. I beg people to listen to what they have to say because they are our leaders of tomorrow and they see...they look around and they see this world that we have..we being..that society has created for them...has put there for them and it's pretty bad. It's not at all nice.

Reagen: Thank you very much, Mam

Annette: You're welcome.

Reagen: O.K. Let me ask you a question. Before we were on camera, you mentioned the phrase that you said you have been hurt by society. What do you mean by that? How have you been hurt by society?

Annette: I'm now...I've been hurt by society and that's how I handled my...that was part of my addiction...by escaping pain...you use more and more heroin, but I was relating to that hurt now, now that I've... I feel good about myself and am really trying to get myself together and really am anxious to go out there and do my thing and find a place where I can do my thing and...and be a contributing member of society. A positive force because I do feel that I have something to offer in the way of drug education. I'm hurt by people who, innocently perhaps, don't accept me. That I am a freak. Now I...I...in a sense I am a

freak, but first I am a human being and, um, I have feelings and I have applied for so many jobs and people aren't even kind enough to call up and say, "We've already hired somebody for that position."...after waiting a month or more for a telephone call.

Reagen: They don't...they don't tell you?

Annette: No, I happened to find out. The day I called the Drug Committee was meeting and the gentleman said, "Didn't Mr. XYZ call you or write you that we have hired somebody else?"

Reagen: Why do you think they are turning you off? Why don't you think they want to give you a job?

Annette: I feel in some places they are afraid of me because I represent something that...that is a threat to them. That is a threat, perhaps, in their community...like their daughter. They're looking at their daughter, their son, their pupils in--their high school pupil, of the same, you know, of an equivalent age...a younger age, not an equivalent age and that to see all I have gone through and have done, it is very threatening to them. It...it's...I...I really feel I scare them. They expect to find, in one instance that I was black.

Reagen: They thought you would be black?

Annette: Yes. Because an ex-addict, well, that's usually a black person. Now this is this person's frame of mind. One person thought that I would...was going to be inebriated. She felt...she asked me, um, how could I work?

Reagen: This you feel is just...just plain ignorance?

Annette: Well, they didn't know about methadone, in some incidents. There needs to be an education, maybe through television, eventually, to

tell people what methadone is all about.

Reagen: I want to pursue this a little bit. You said before that you feel that adults in general ought to listen more. There are lots of people in this community who feel they are listening. There are lots of people in Onondaga County who are trying. They...they...they say they are trying. That ah...a lot of people in authoritative positions all across the country. They are saying I am trying to listen more and more to children and to young people. You evidently don't think they are.

Annette: If they were listening, there would have been changes.

Reagen: What is...what kind of changes?

Annette: There would be...this drug education program would have been done, ah, done a year ago...two years ago. It would have been started then. If they had been listening, um, there would be more money for Argosy House - D.E.N. - methadone maintenance. Our clinic...our clinic is so tiny and small. It's a shame, and we need better facilities. If they would listen, there would be no war in Viet Nam. If they would listen, there wouldn't be as gross poverty. If they would listen, I wouldn't be on welfare. If they would listen, it...there would be so many different things. It would just be a better world.

Reagen: Do you see any...

Annette: Apparently they are not listening.

Reagen: Do you see any attempt at these changes at all? Do you see...

Annette: Listening you have to learn to do. Listening is an art too. It's a part of communication. You have to speak and listen. You know, learn how to talk to someone, but it's...it's equally important to learn how to talk to someone, but it's...it's equally important to learn

the art of listening and I think they listen, but only in their own way. They only listen how they want to. They only hear or hear things like they want to...that's comfortable. People don't want to see reality and I am The Reality.

Reagen: You said something else that, in the wake of the Attica problem...at Attica prison that, ah, something I found rather curious and somewhat contradictory. You said...I thought I heard you say that on the one hand you thought being arrested and being incarcerated and having to cold turkey...meaning to, having to, get off heroin without any assistance at all which, I understand, is a horrible experience...I don't know, but I understand that... you thought that that was a good thing for you. On the other hand, I've also heard you say that you thought that prisons are ruining people.

Annette: Obviously they are. If people...If prisons were so nice, ah,

Reagen: If prison was a good experience for you...

Annette: People,... It was a good experience for me. I was only in for a few days until my bail was raised, and I was out and that was a matter of 8 days and that was 8 days too long, but when I did come off the heroin, I started to realize what I had done to my life and to my parents and mostly myself, ah, by being an addict and, um, ending up in jail. I mean, what a place to end up. I'd rather die that have to serve a jail term. I would not want to do it. I could not exist in jail, and I don't know how other people exist in jail and that's why there are Atticas and this is how people are treating the drug program... treating the drug problem I mean to say...they're shutting it in the doors, behind the doors like a skeleton the...they let the law handle it...the

legal way...all these people are...who steal and are in jails to support a habit and I'm sure in some jails it must be 50%, 40%, 60, 80% of robberies or forging with credit cards, crimes against not so much society but things that um I mean threats of life but things that support a habit, things that crimes that people do this out of necessity of a drug habit and yet this is not how to treat people with an illness, um to put them in a jail.

Reagen: Do you think that our medical profession and our nursing professions and the other kind of helping professions that exist, do feel that they view this as a medical problem?

Annette: They don't want to view it as anything, I really the AMA, no one has really taken a stand in the medical profession, doctors are afraid to treat you. I cried and pleaded and begged with my own family, my own personal physician in L.A. once for help when I had hepititas I has this too. I was very ill with serum hepatitas which addicts do get with needles. They don't want to realistically approach this, they want to hide it too...I I My feeling is and I think it's a medical feeling too, that it's a multi thing it's uh, physical and psychiatric problem, that it's a combination of everything, addiction, and since they don't know anything about it, let's see some research about it which the government has not allowed to be done...

Reagen: Aside from adults listening more and kids doing their things without the use of drugs what are some of the steps we can take right in this area, the greater Syracuse metropolitan area...what are some of the things we can do here to change the drug scene?

Annette: I hate to be a little pessimistic but I'll get that over with first. A lot of your teenagers, your older kids have already made up their minds about drugs. Your older kids...

Reagen: What do you mean by that?

Annette: They've experienced quite a few drugs...some kids...by the time they're seventeen or eighteen and you're not going to alter their feelings about drugs because they've been using them for perhaps three, four, five years and I mean kids out in the suburbs, the seventeen, eighteen year old ones, they've been using for so long...

Reagen: Do you know this for a fact that there are large numbers of kids in the suburbs...

Annette: Yes, that have been smoking pot and using let's say speed and now the heroin is starting to go into the communities...for years.

Reagen: All right, so that's a group that's not going to listen - is that what you're saying...

Annette: Yeah, older kids are not going to listen - they've made up their minds...also kids that have just smoked marijuana have made up their minds too, because they found it was a pleasurable experience and they're not going to give it up, something that is pleasurable and...and I also want to include alcohol in this too, because alcohol is a problem too amongst kids in high school.

Reagen: So what do we do - write those kids off?

Annette: Only thing we can do I think positively, is provide places where they can go for help, teach in the sense of what to do when someone overdoses - where to go for help, who to call like 1012 when someone's

on a bad trip...what to do when you get hepatitis, things like this. These people who are already involved in a drug scene and I think we have to do preventative teaching there...preventative medicine.

Reagen: What would you do with younger children?

Annette: With younger children I'd start off with um...I always think of that groovy film...um...I saw on TV of that man who's selling pills and all sorts of things to the kids...

Reagen: Oh he walks up...oh, on the commercial you mean.

Annette: Yeah and the kids say, yeah that's why they call it dope and these are little kids and these are the children that respond to this, uh, to this - I think an educator would know better how to present it to kids through education...whether colorful books or movies or direct conversation - I think encounter groups for want of another word, exchanging viewpoints and questions with even little kids like that, informally would teach them a lot about the bad things about drugs.

Reagen: There are many people who are going to watch this tape and who are going to say you don't know what the devil you're talking about and why should I listen to Annette about what ought to be going on in the schools when I'm a school teacher and I have not seen any of these things in the suburbs that you're talking about and I'm there every day...and here's a gal who's come into town...you know born and raised in Syracuse, educated in Syracuse , went to the West Coast, and now she's coming back and telling me what ought to be done in my schools, how would you respond to something like that?

Annette: I'm not saying what you ought to do in your schools. I'm

just, I've mentioned a few things, suggestions of schools that could be looked at...I am a product of this of Syracuse...if drugs were active when I was at Nottingham instead of liquor I'm sure I would have been just as deeply involved as an average kid my age is now...why believe me? Well, I think they better believe me because the only time people will listen is when some fifteen year old girl might overdose in the lavatory of some senior high school and everyone will scream and raise a terrible uproar but what did they do to help this fifteen year old girl who overdosed in the lavatory of her school...

Reagen: Before it happened?

Annette: Right, uh...I don't want to see this happen and you can ask kids and they'll tell you that there is heroin available in their community and it never was before and you know there's a possibility of this happening because heroin is death.

Reagen: Let's come right back in a few moments - we'll take a break now, ok?

Reagen: Ok, these are the kind of...

Annette: I've always worked.

Reagen: You've always worked...

Annette: Yeah, even through my addiction.

Reagen: Now Annette, let's, let's just retread for a minute and... um...you were born and raised in Syracuse...

Annette: Right

Reagen: Right? and you went to Nottingham High School.

Annette: Right

Reagen: and then you went up to the hill right to Syracuse University.

Annette: Right

Reagen: and, um, graduated from the school of nursing on a scholarship.

Annette: Right

Reagen: and went to the coast and what did you do on the coast?

Annette: I worked as a nurse. I've always worked all during my addiction, before. I haven't worked for the past year but I have always been in some kind of nursing field.

Reagen: When did you um...you say addiction, I know that you are participating in the methadone maintenance program now at St. Joseph's Hospital and that you've used heroin, correct, and that's why you're on methadone, right?

Annette: Right.

Reagen: What ...um... when did you start using drugs?

Annette: I started using drugs...twenty five years ago...twenty five years old.

Reagen: Twenty five years ago...

Annette: Yeah, that's right.

Reagen: Right

Annette: Yeah, I'm trying to think how many years ago that would be, about six, seven years ago. I started using drugs during the flower power when that started on the west coast...

Reagen: on the west coast...you were a nurse at this time

Annette: I was a nurse.

Reagen: What did you start, begin to use?

Annette: Marijuana

Reagen: Marijuana

Annette: Then LSD

Reagen: Yes

Annette: Then I went into...uh...harder drugs.

Reagen: Was it a...was it a slow progression for you or was it or did you just begin to use things right away...you know the argument that people say first you begin to use marijuana and then you go through all the steps and eventually you end up with heroin... is that the way it was with you or?

Annette: I don't know if that's true of everybody. I've known some people who have never smoked marijuana and are addicts...but it was a rather slow progression for me.

Reagen: Rather slow?

Annette: Yes.

Reagen: So say it was six or seven years ago you began smoking marijuana and then when did you begin to move?

Annette: It...two years before I started using hard drugs.

Reagen: By hard drugs do you mean LSD or do you mean heroin?

Annette: I mean heroin. I don't consider LSD a hard drug. I consider it a psychedelic...um...a hard drug I consider something that's addicting, that is harmful in that sense.

Reagen: So you've been...uh...you've used heroin for several years, didn't you?

Annette: I also used...uh...being a nurse I did use a lot of pharmaceuticals for a while.

Reagen: You had ready access, they were readily accessible to you.

Annette: I had access mostly to physicians and pharmacies. It's a falacy that you get it through the hospital so much. It's other connections.

Reagen: Other connections...

Annette: Being a nurse.

Reagen: Being a nurse, why did you get involved with drugs or is that a stupid question. I don't know I would presume that you know you would be more knowledgeable than let's say a lay person about these, you know, a variety of substances that are currently being used as you mentioned pharmaceuticals and heroin and marijuana and stuff like...

Annette: I knew...uh...every nurse learns about narcotics and they're addicting and don't give too many to the patient, watch your dosages and things like this, but I even thought I was a nurse, it took me, even though I'd been using heroin and hard drugs, it took a couple years to say to myself I was an addict. I think nursing had something to do with it, I was in the drug scene and I found my patients felt pretty good with a shot of morphine and they had been suffering with pain a few minutes before. There was a sort of curiousity then...

Reagen: And watching them and wondering how they...

Annette: Yeah, really what they're going through.

Reagen: Do you remember the first time you ever used uh...

Annette: It was morphine.

Reagen: It was morphine?

Annette: It was...uh...they were pharmaceuticals from a hospital. I

was curious to see what it was like and...uh...this is how I actually first used hard...

Reagen: Was it a solitary thing or by yourself or with a group of people?

Annette: Uh, no, uh, just a friend, a girlfriend who was a nurse.

Reagen: The two of you wanted to feel what it would be like? What about marijuana? Do you remember the first time you took a joint or...

Annette: I had a boyfriend.

Reagen: A boyfriend...he introduced you to it?

Annette: He introduced me to marijuana, yes.

Reagen: I tnink you told me once that you used hallucinogenic drugs quite a bit, eh?

Annette: I did quite a bit after...uh...when I started using marijuana... I started using hallucinogenics right along with it that was the time of...when uh...it was still legal LSD for awhile there it was and you know you didn't even have to pay for it hardly and it became illegal and it became expensive but that was all during the quote hippie, uh, flower power scene and I used a lot of psychedelic drugs during that time.

Reagen: Why did, uh...was there any...did you have any thought about moving from grass to the psychedelic drugs themselves?

Annette: They sort of blend, um...they're psychedelics and usually the person, uh,...now I'm talking about my experience in California.

Reagen: Yes.

Annette: If exposed to grass they are to mescaline. Unfortunately most mescaline has shown to be LSD or STP, but...

Reagen: When it's street purchases, yeah.

Annette: Yeah, but it seems to go together. Your connection for grass might have the same thing or someone, a friend who uh, smokes, uh, I'm used to calling it grass...

Reagen: Yeah.

Annette: Marijuana...will say hey I tried something new...LSD... and so it's just around you wherever you look.

Reagen: You enjoy it? Did you enjoy it?

Annette: During that period I enjoyed it, but, um, when I used heroin I, uh, was frightened I, uh...of uh psychedelics. Most addicts uh... stop using a...uh marijuana...not most but very many stop using marijuana and will completely stay away from stronger psychedelics such as LSD, STP...These are regular addicted heavy users, I'd say...

Reagen: Yeah.

Annette: It's a very frightening experience to come down to a reality and enter that sort of thing when you're addicted on a hard drug very, uh, uncompatible with, uh, heroin.

Reagen: Let me get this straight now, you, uh, said for a period hallucinogens were fun or you enjoyed them...

Annette: Right

Reagen: You liked them but when you started to , uh, use heroin you were frightened of...

Annette: When I took my, uh...whatever drug it was I'd be it, uh, I was frightened in the sense that it was a bad experience.

Reagen: I see, a bad trip is that what...

Annette It became a ... it wasn't a bad trip in the sense it was a

bummer, something I couldn't handle, it was an unpleasant experience... when you take narcotics, heroin...you are completely zonked, you are out, nodding out, you're in a painless free from reality, you're wrapped up in a beautiful big cloud...when you're on a psychedelic, you have to face reality, it's there, it intensifies reality and this is not what the addict wants to or is ready to see at that time....

Reagen: In other words, your're saying, if I understand you correctly, you're saying that the addict wants to get away from reality...he doesn't want to...

Annette: Yeah, I did, I think some...yeah.

Reagen: You did

Annette: I wanted to. In some instances yes...

Reagen: You know that there's a lot of talk about a lot of concern about the increasing usage of a wide variety of substances by people from all walks of life, we call them drugs, but all kinds of things and you know that the reason you know that we're taping this program is for use with teachers who are involved with a drug education program and why...why do people use drugs? Why did you get involved with drugs?

Annette: Initially, very initially it was pleasureable, it was something satisfying, something I enjoyed...the psychedelics I had no... there were no problems there you know

Reagen: It was a group thing with the psychedelics or...

Annette: Psychedelics...you can't separate drugs from all social happenings and occurrances and psychedelics made a new life style... created...basically because of psychedelics on the west coast there was a new life style created and I dug it, I fit into this new life style.

I...it's very strange for me to be in the role...I call it a role... that I am sort of playing now here in Syracuse...I'm not used to the life style here I...in other words I'm not participating in that...

Reagen: Is it, what do you mean is it more the word straight,is that what you mean?

Annette: Yes

Reagen: It wasn't straight back there?

Annette: Yeah in L.A. it was... I want to get away from those terms because it doesn't describe something beautiful...that is very together where the people like each other, care about each other...

Reagen: You're talking about L.A. now?

Annette: In my group of a people at that time when I was using marijuana...

Reagen: Loved each other, they were very close you mean...

Annette: That liked each other that had something to share and I liked myself, I woke up liking the day, enjoying life, I enjoyed working,

Reagen: And what about...what about heroin though, how did...there seems to be a transition...

Annette: There is a transition...you...when you become an addict you turn off all your groovy friends you have...um...

Reagen: How did you get involved with heroin? You experimented with the one shot of morphine or something you said...

Annette: On, the one shot of morphine led to another, you know, it was morphine mostly and then it didn't become enough and I couldn't get enough and heroin is the strongest narcotic and the most satisfying of all the

narcotics and this is why it is the problem narcotic, heroin and I made the transition to that when the other drugs were unsatisfactory to maintain my habit.

Reagen: Were you shooting regularly or was it a weekend thing or was it recreational now or was it a real...

Annette: Originally, originally it was just a fun thing you know like going to the movies you know, it was something different you know. It was an enjoyable pleasureable thing, but I can't tell you when I only can say all of a sudden I woke up one morning and I admitted to myself I was an addict...

Reagen: Yes

Annette: And it's really something when you wake up and say that I'm an addict.

Reagen: How long ago, how long ago, did that awakening...?

Annette: That awakening occurred quite a while after I'd been using... oddly enough...drugs that I really admitted to myself that I was a slave to this drug...it was at least a year or over that I really admitted to myself...it's really difficult to...

Reagen: Did you have any difficulty getting heroin?

Annette: In L.A., no, there's no problem at all...it's close to Mexico and there's a much different type of heroin in from Mexico, it's a brown, very dirty looking, it's much stronger than the weak white powder that's here in Syracuse. Most people tell you that the heroin that's here in Syracuse is not like the heroin that's found in larger cities like New York...

Reagen: Is it easy to get heroin in Syracuse or is this metropolitan area?

Annette: Sure it's easy...I wasn't...I didn't know anyone here after about six years after my first, my second arrest, I came back here for about six months and worked for five months at one of the hospitals here and in the meanwhile I was going to a doctor who was giving me dolaphine and that kept me...I used quite a few a day, maybe five, six a day, enough to satisfy my appetite for heroin but eventually I started using drugs again, the heroin again. It's very easy to meet a connection, very easy. I think in any moderate sized city you can step off a bus and go cop...uh...which is the word for obtaining your drug within ten, fifteen, a half hour if you have to drive far. You can cop...

Reagen: If you know where to go and...

Annette: You don't have to know where to go. You can get off a bus and within a matter of minutes be there if you have money in your hand and uh...

Reagen: Is that true in this community?

Annette: Sure...you might get burned a few times but eventually you'll get your drug.

Reagen: Now by burned what do you mean?

Annette: Someone will take advantage of you because you have some money in your hand.

Reagen: And give you some stuff that isn't the real thing...is that what you mean?

Annette: Give you some sugar or something...or walk away from you or whatever...but you can score...you can obtain your drug in Syracuse getting off the plane within...maybe you can do it right there at the airport or the bus stop...

Reagen: You know traditionally we...I guess the average...well, there isn't an average person but lay people, people unfamiliar with the drug scene typically think of heroin as a black problem, black drug...you know...as the mainlining junkie as a black man or a black woman...uh...you know...you're obviously not black. How...is there any connection with race and the drug at all you're...did you... is it in the black community that you go to score or is it all over or...

Annette: There's no color, creed or racial, religious bindings with heroin...heroin loves everybody or everyone loves heroin, however you want to put it...there's no...it doesn't matter who you are...there is heroin becoming more and more evident in the white community. I know it is in the suburbs of Syracuse now. North Syracuse, Fayetteville, I can name...Camillus...there is heroin in the suburbs and it is being used more and more...there's more and more at Syracuse Univeristy... there's more and more. There's more and more all over the United States of heroin...

Reagen: So as a white woman you had no problem

Annette: No

Reagen: Was it primarily whites you were dealing with or...

Annette: Yes, when I was in L.A. it was the Hollywood area. There were mostly white people there were some black people there. I had

black friends, they would come...I was selling heroin for a few years...

Reagen: You were selling?

Annette: I sold to black people...yeah.

Reagen: To maintain your habit? You mean to get money to...

Annette: I was working as a nurse and so...

Reagen: That was something I wanted to ask you...did it cause you any difficulty in...using drugs heavily...different substances... you talked about marijuana.

Annette: No, I was able to function.

Reagen: You were able to function

Annette: I was using heroin very heavily and I was working nights as a private duty nurse...I could...doing private duty nursing I could pick my time when I wanted to work...I could work for five days straight and then not work for a few days because private duty rates were $43 for one patient and $65 for two patients...and that's a lot of money.

Reagen: But you had to supplement...

Annette: But you had to supplement my habit be selling. My habit was so high - at that point that I had a...what they call a dealer's habit and I also like to live nice. I like to have a nice pad and nice clothes...have money in my pocket, be able to do what I want to do, if I want to take off for a weekend...and I...uh...enjoyed so um... all this talk we hear about people hanging on the street, the image that people have of a typical junkie is not necessarily true...No two addicts are the same like there are no two people who are the same.

Reagen: Do you think it's unusual that a nurse would be involved with

abusing...drugs.

Annette: Yeah. I didn't meet...only I'd say uh...at one hospital I worked a couple of nurses that abused narcotics. Now, well, most young nurses smoke marijuana because most young people smoke marijuana.

Reagen: Yes

Annette: Yes, so I imagine nowadays there are many more nurses that are involved with the soft drugs.

Reagen: Are there any special...are there any characteristics of any of the people with whom you interacted over the years that used drugs that make them different from people that don't use drugs? Certain occupations seem to be more prone...you know...certain personality types...you're a well educated gal, you know you've had a lot of schooling and pretty sophisticated in terms of hospitals and medical, you know, observing people, you know anything discernible there is there a thread running through that links up with drug usage or...no?

Annette: There's one thing that I can say, all junkies are pretty sharp. To maintain a habit...uh

Reagen: What do you mean, pretty sharp?

Annette: None of them are sloughers - offers in the sense that to maintain a $90 to $100 a day habit you have to ba a fairly intelligent person to survive in this world to maintain a habit and I haven't met a stupid junkie intelligence wise, you know. This is a very common thing that people think someone is stupid because they use heroin, you're...you're stupid to use it, you're an absolute idiot...just the contrary...heroin users, narcotic addicts are very sharp people. My

crowd that I sort of hung around in were just like myself, white middle-class backgrounds people from the east coast. An ex-social worker...

Reagen: Professional type people?

Annette: A doctor I knew...

Reagen: Yeah

Annette: Right, a nurse, some of them were semi-professional a lot of musicians in Hollywood...there were a lot of people that were in entertainment...used narcotics...a lot of white...uh...girls who become call girls and these are girls who have gone to college and have education and are the grooviest...supposedly...type of call girls there are in the Hollywood area...

Reagen: It seems to be...

Annette: There's all...it's just everybody.

Reagen: Does there seem to be a pattern for women going into prostitution for example to, and men you know robbing or something?

Annette: If you have to support a $100 a day habit...unless you're very wealthy how else is there?

Reagen: You've got to become involved in illegal activities...

Annette: There's nothing else...

Reagen: Let's talk about methadone for a moment... a number of poeple who don't like methadone, they don't like methadone maintenance programs... they feel that uh...one argument is that heroin is primarily a black problem and using methadone is switching one substance for another and still keeping it a black problem. There are people who feel that it's copping out of the real way to get off heroin...is to become you know

detoxified and then to lead a more productive life and so forth. There are also other statistics which indicate that in New York City for example you could argue that a large amount, a large number of the people who use heroin don't seem to be as interested...a small percentage of those people seem to be interested in methadone...large numbers are not. You're on a methadone maintenance program...do you like it? Why haven't you detoxified, gone through detoxification?

Annette: I have been detoxified...two and a half times.

Reagen: Two and a half times?

Annette: I've kicked cold turkey once in jail...I've...two and a half times...I ran out of the hospital...I've uh...I was in Daytop for three and a half weeks and I ran away from there. I...been in day care centers, I've gone to private physicians, I've gone to private psychiatrists, I've screamed for help and begged for help and on methadone maintenance I have found what meets my needs. I have found that methadone keeps me away from heroin, that it satisfies something inside of me that it has become a part of my...I refer to it as my automatic nervous system... as automatic as going to the bathroom. My craving for heroin must be satisfied like someone who must empty their bladder, but this methadone takes care of this and I can lead a normal life. For the first time in years, I like myself. I like waking up in the morning. I like people. I've tried to kill myself...because of my habit..what...I started realizing what it was doing to me...that I ...that it had taken away my friends and now for the first time in my life I have a chance to start over again...80% exactly New York City of the methadone

maintenance program...a study they've done...went back to work and maintained useful lives...

Reagen: Yes. Why aren't more people who use heroin turning to methadone maintainence programs, there also is evidence to indicate at least in New York, I've seen that the percentage is not as great as you would think that more are not turning to methadone than who are turning to methadone...

Annette: No, you're right...I think...remember every time someone goes on methadone the pusher loses $100 a day on the street and I feel that one of the things that methadone isn't being pushed more is because someone is making money and someone doesn't want to lose their money because out of all the programs...Synanon, Argosy House, Odessey, whatever you have...your live-in residential programs...your NACC hospitalization programs...your methadone maintenance...all these programs... methadone has been shown to be the way...to get most of the addicts back in the community as productive members of society....these houses or live-in communities can only attract so many people and can only... a very certain kind of person can graduate from that...as yet I haven't seen statistics from Synanon...who have they helped...I question their place only in a limited area. They are good for a certain amount of...

Reagen: For some people.

Annette: Very few. But on the whole methadone is the way...why there aren't more... a lot of people just don't know about it...

Reagen: Savvy streetworkers and police say you don't see any old addicts.. you see over 35, over 40, there don't seem to be any around or as many as there are in the other age groups. Is that your observation, too?

Annette: Yes, there's quite a few reasons if you want me to go into it?

Reagen: Yeah, why?

Annette: Some are dead...some are still in jail...quite a few. And also there's been a study done I don't know where but it's shown that a man after 20, 25 years of heavy heroin usage spontaneously stops using...

Reagen: Oh, really

Annette: He just gets sick of it and stops it and that's the other percentage. But there are still a few around.

Reagen: Why do you think so many...why do you think more young Americans today than let's say when you were 15...I was 15...are using a wide variety of drugs...it seems to be that more kids today, more people are using, adults and kids, but more kids particularly, why are so many people using drugs?

Annette: That's a loaded question...so many people are using drugs because they're around...you can't turn left or right without finding drugs. I'm sure I can go through the studio and find drugs...they're there...they're a part of life really in reality in a factual way...they're available...young people turn to them...it's something different to do... there are so many reasons. It's an escape from what they have to put up with at home...young people are very dissatisfied with our society... our world. There's a large social revolution, a cultural revolution going on that we have to face up to and part of that revolution is drugs. There are so many reasons...

Reagen: What do you think about marijuana?

Annette: Marijuana is illegal and this has been...

Reagen: Should it stay illegal?

Annette: The only thing against it so far. Should it stay illegal? No definitely not.

Reagen: You don't think so?

Annette: No

Reagen: You'd legalize it?

Annette: In the future when everything has been proven that there is no permanent damage, I would legalize it. Canada is at least investigating this. And I feel our country should do it because the problem is mounting and growing and everything that has been done to deter bringing it into the country, all the talk about it, it's been growing and growing and every study done comparing it to alcohol has proven that alcohol is more lethal and people are admitting this and so I think in the future you will see a legalization of this.

Reagen: We're running out of time but there's one question I did want to ask you. We're going to be showing parts of this tape to teachers... perhaps some children will see it, certainly some parents will see it, but primarily teachers. If you had one message, one question, one statement that you wanted to make to teachers, what would it be?

Annette: One statement to teachers...listen...just listen to what the kids are saying to you, what they're screaming to you, what they're trying to tell you.

INTERVIEW WITH WILLIS

At the Institute for Drug Education at Syracuse, Michael Reagen, Program Director, interviewed Willis. Willis is a thirty-nine year old native Syracusan, a jazz musician, a former athelete, and an ex-heroin addict. He is currently on a methadone maintenance program at St. Joseph's Hospital in Syracuse. The interview has been reproduced on the following pages.

Reagen: How many years did you spend in prison?

Willis: Off and on? Well, I spent about 4½ years in Attica, straight, and off and on, I was in and out of Orvin Prison about three times on parole.

Reagen: All for drugs?

Willis: All for drugs, every last one.

Reagen: For pushing, or...

Willis: No, no, just being a junkie. And my violations that they sent me back for were like staying out late at night...

Reagen: Parole violations? ...let's see were you born and raised in Syracuse?

Willis: I'm a native Syracusan. I was born and raised in this town.

Reagen: A graduate of Assumption High? And a football player I understand?

Willis: Right. I played basketball and football for Assumption. I dug it. It was nice.

Reagen: Did some coaching too?

Willis: Yeah. In fact I did coaching in prison. That was one of the worst jobs a man could have.

Reagen: Being a football coach in prison?

Willis: Yeah, but it's very rewarding. You're dealing with grown men, and you're dealing with kids who are coming into prison for the guys that never knew they had talents.

Reagen: When did you start using drugs? If I understand properly, you were a high school football star and basketball star here in Syracuse and were, what 17 or 18 years of age and you went into the service after you graduated. When did you start using drugs?

Willis: When I got out of the service, I started using drugs, it was in 1953.

Reagen: Was it here in Syracuse?

Willis: Yes, it was here in Syracuse.

Reagen: What did you start using first?

Willis: Well, like everyone says, first hash and stuff like that... I never used that, I went straight to the mainline... heroin.

Reagen: Why?

Willis: For a number of reasons. I've had that question asked to me a number of times. I always tell them, like, I couldn't satisfy certain needs. I always was uptight for some reason or another and I just couldn't satisfy my needs.

Reagen: You mean like nervous?

Willis: Yeah, nervous, uptight. Take like... well, it's a hard question, why a person uses drugs... for a number of years now I've been in and out of therapy groups and I've been trying very hard to understand why I use drugs and I don't think there's a junkie alive can tell you why he used drugs. They'll come up with one answer and right behind that there are a lot of other things...

Reagen: A lot of other things, eh? So this was in 1953 in Syracuse that you started on heroin? You started mainlining right away?

Willis: Yes.

Reagen: Do you remember the first time?

Willis: Yeah, I remember it. I was with a bunch of friends. One guy out of the whole group, there was five of us, said "don't". He said "hey man, look at me, I'm all messed up, every day..."

Reagen: Oh, he was, he had been using it...

Willis: Yeah, an out and out junkie...well, like my wife was a drug addict when I got out of the service. One day I was coming home from the service and I was walking down the street...must have been about six o'clock at night and I looked down at the corner of Townsend and Harrison street and I saw this woman down there and who looked very familiar and I looked and it was my wife...whistling at the cars going by for a trick...like prostitution, you know.

Reagen: Get money...

Willis: Yeah...and at the time I didn't know she was using drugs, either.

Reagen: Was it easy to get drugs in Syracuse in '53?

Willis: Yeah, very easy.

Reagen: Primarily in the black community?

Willis: Yes, because all the white guys used to come down from the north side, and a couple from the hill, from the country who were going to Syracuse University...

Reagen: They'd come down...what kind of a habit did you develop? Did you develop a habit right away or did you just use heroin occasionally?

Willis: Yeah, I thought like all the rest of the junkies that I could control it. I thought I'd just use it on the weekends, like Friday and Saturday. I was just a weekend junkie. And then after about a month I would use it Friday, Saturday, Sunday and then I would go to Monday; and then, Monday, Tuesday, Wednesday and then the whole week.

Reagen: What were you working at during this time? I understand you were working. You're really a jazz musician, right?

Willis: I really wasn't working... I just got out of the service and to see my wife messing around, like I went ape. I just didn't know what to do. I just was confused. Like, I was still in love with her and I said to one of my friends like, wow, I just don't know what to do...

Reagen: She was using heroin also...?

Willis: Right.

Reagen: When did she start? When you were in the service?

Willis: She was writing me letters and in her mail I didn't see junkie or anything like this, or problems. She was always writing about how things were and things was all right and things like this. But when I got out and back in Syracuse, like things were a lot different.

Reagen: Was it expensive? How did you get money?

Willis: Well, at that time drugs were $2.50 a cap. Like now it's $10.00, and $2.50 wasn't nothing to get at that time and I had a bank account after I got out of the service and after that I started begging off of my people and anybody that would give me money.

Reagen: Were you involved in any criminal activity? Like everybody says that heroin addicts and people that use heroin get involved with crime.

Willis: Well, it's true. It took a while. I was messing around about six months and then no money. I got uptight and I got up one morning and I said, "no money, I got to do something about this."

Reagen: You realized you had a habit, eh?

Willis: Yeah.

Reagen: Still with you wife at this point?

Willis: No, I never went back with her. I was going with another girl. As a matter of fact she was a junkie and I'd have someone to take care of my habit, like she was out on the block. It was one of the ways I was taking care of my habit.

Reagen: Do you have any children?

Willis: Yeah. I have three.

Reagen: Today it seems that there are so many people in all walks of life that are using so many substances we call drugs in large quantities and as a nation we seem to be more and more excited about children. More and more kids are using drugs. The argument is that ten, twenty, thirty years ago nobody cared because it was primarily a black problem and primarily heroin. But today all kinds of things being used and heroin has moved down to the white community. As a father are you concerned about drugs? Are you concerned if a child of yours would be using marijuana or hash or pills?

Willis: Yes, but it's a very touchy subject because the kids coming up are different from when I was coming up as far as discipline is concerned like, nowadays it's like doing your thing. That's the whole thing, that word,...do your thing...that word alone when they put it in the dictionary has really turned the public loose. They really do their

thing and a lot of times their thing is not to me anyway the right thing. The kids of the day, like it's pretty rough. I was working out at Central High School not too long ago. I was in the continuing education to help these kids and I became involved with a bunch of kids who were using narcotics, the hard stuff.

Reagen: Heroin?

Willis: Right. I couldn't tell them. You can't tell a kid nowadays don't do that. You got to ask them why and see if they can give you...

Reagen: But you say it's so difficult, there are so many reasons why... What's the drug scene like in your perception in the black community, in terms of heroin. I know you're on methadone now at the methadone maintenance program at St. Joseph's Hospital and I know that most of the other people there have been heroin users in the past...

Willis: All of them...

Reagen: What is the drug scene like now in Syracuse. You said it used to be $2.50 a cap and now it's $10.00. Is it as easy to get heroin in this community as it was when you first started in '53?

Willis: I think it's easier. You can get drugs a lot easier down on the scene. There've been a few busts but it's just like a baby, like there's a baby born every day. If a pusher gets busted there's someone there to take his place or somebody like one of the brothers in his family takes his place. The cops stop it some but there's always somebody to take his place.

Reagen: What do you do now?

Willis: Well, I'm on the methadone program and I'm music teacher for this new program that's starting now in Syracuse, called Freedom.

Reagen: That's out of the YMCA?

Willis: Right. There's all ex-addicts there. In fact, the ex-addicts that are on there are on the methadone program also.

Reagen: Everybody involved with the Freedom program is on the methadone thing, right? Do you play music professionally anymore?

Willis: Yeah, like I've been playing off and on. It's been pretty hard. I've only been on the methadone program two months. Like, once in my life I want to give the methadone program a chance. In the past I would be on a program a month and then say like I don't need it any more.

Reagen: Was that methadone. Were you on methadone before?

Willis: No, other programs...

Reagen: Detoxification programs? Like you'd be detoxified and then you'd say...

Willis: You'd say, I'm okay now, I'm ready to play again. But I want to stay on this program awhile before I even pick up another instrument, to make sure I'm all right because there's a lot of dope in the musician scene, too.

Reagen: You spent all this time in Syracuse since you got out of the service, you've never lived for long periods of time in other cities or anything?

Willis: Well, I was in Newark for awhile, and when I was there the drug scene was pretty clean.

Reagen: When was that?

Willis: That was in 1952 for awhile and back in '51 too.

Reagen: I met you a couple of years ago.

Willis: I met you in 1970, wasn't it, in April. I just got out of

Greenhaven Rehabilitation Center. Boy, they've got a beautiful rehabilitation center there.

Reagen: At Greenhaven?

Willis: Yeah, the therapy's out of sight.

Reagen: That's all drug addicts there?

Willis: Right, within the prison walls, behind those forty foot walls they've got a drug rehabilitation center there. Of all the centers I've seen as far as the NCC is concerned...

Reagen: That's the New York State Narcotics Commission Control Commission...

Willis: Anyway they got, this is Greenhaven I'm talking about, the therapy there is darn good. Before I went to Greenhaven in 1969 I was using drugs, like way back in the 50's like I never had a let-up in narcotics and when I got out of Greenhaven, I went to work for continuing education for awhile and like I was doing something for once in my life I was fulfilling certain needs and certain talents that I had that you people seen. I stayed off of drugs for quite awhile without taking any type of drug, no methadone or nothing for a supplement, totally clean the whole time I was working I found that I...

Reagen: What happened? When did you go back? That's fairly recently, it's in the last two or three years.

Willis: Right, it was in 1970 when I started messing around again.

Reagen: We had a discussion group, that's what you participated in with the black and white Americans we had issues that divide them.

Willis: Right, polarization at Central High School, and well, I told the people at Central that if I ever felt that I had to use it again to please let them know and I always like to be honest, especially in

something like this with the kids. Like kids can see, man, you can't fool them. I was having a lot of problems at home, I was getting brow-beat and I was brow-beating my wife and then one day I just say, I used the ole junkies national anthem, I said the hell with it. One day she said she had a little too much with me, man, and I said the hell with it. So I went down to the scene, cause I knew where to get it and regardless, the job I had with you, I said the hell with it. I just started using it...

Reagen: Let's retrace if we can for a minute. You graduated from Assumption High, I know you had two scholarships to go onto play football and basketball, and you went in the service, got out of the service and got introduced to drugs and were on them, right? You were a musician during this time. And I know that you were also, I found out that you were the football coach at Attica for three years and a youth counselor at Central Tech and you have three children. You know that the reason we're taping this conversation with you and some other people too, is that we have a big drug education program in this county and we're trying to look at ways of stopping the spread of people, particularly children, abusing drugs. There are not as many, totally speaking, using heroin as using other kinds of substances but what's it like using heroin, what's it like taking heroin?

Willis: I think it's beautiful, I really do... that's a dangerous question and it's a dangerous answer too, but that's the truth.

Reagen: What's it like, what does it feel like?

Willis: That's like asking a person when you're finished kissing a woman or something, what was it like man? And you can't describe it really.

Reagen: That good?

Willis: Yeah, dope is that good, but I also realize now that it's good because I've been there, but it's also dangerous. This is the part I have learned. It's taken me a while to know that if I go back or even mess around, what it's going to do to me. It was really good but I know it's going to hurt me if I start messing around with it again.

Reagen: I heard a group of people who used hard drugs, cocaine, heroin etc., who also said that dope was beautiful, it was great. They enjoyed it, but it was the things that surrounded the habit that bothered them. The fact that it was illegal, the fact that they had to get into doing things that they didn't want to do, never thought they would have done to support the habit. What do you think about legalization? Should we legalize heroin? Should we legalize like the British have a different system, it's not legalized as such but you can go and get it like you go get your methadone every morning.

Willis: No, I really don't think that marijuana should be legalized.

Reagen: Why?

Willis: It's just an opinion I have that, well, as far as heroin is concerned... it would be chaos. What's going to happen after all these guys get these habits? Especially if the federal government's behind it. Look what happened back when they was using kids, taking this codeine, this medicine for gums, and the government was behind it and after a while they just pulled it off the shelf and said the hell with it. They're going to have to get rid of these habits the best way they can and people are getting habits behind all this type of stuff.

Reagen: You know that I'm involved with the drug commission, the

city-county drug commission and also with this drug education program so in many ways I meet with police officials, educators, psychiatrists, regularly and we're all talking about this problem and trying to do something about it. What advice do you have for teachers and people who are officials who have control of the schools for example and medical people. What can we do? Can we do anything?

Willis: Yes, right. First of all you have to be sincere in helping the child, the teenager, the persons in the schools. But not only in the schools, the persons out there asking for help. The person who is out there really shooting the dope in his arm. He's shooting it but he's also asking for help. I believe that an adult in the community here is really going to have to be sincere and know the problem.

Reagen: What do you mean know the problem? What do you mean be sincere? I don't know what that means.

Willis: You can't be like on Sundays saying on Sundays I'll go and help. The job with drugs is a full time job, like seven days a week. I think you've got to have people like yourself who are dedicated to the drug problem.

Reagen: You say from your perception. Now you've been involved with drugs since '53 so that's seventeen years almost, a little more maybe. You say for heroin, at least in the black community, it's worse now or it's easier to get drugs than it used to be.

Willis: It's easier and I believe it's worser because before you couldn't get it as easy as you could now.

Reagen: Are there more dealers?

Willis: Yeah, yeah, nothing but dealers out there. Everybody's trying to make their buck.

Reagen: There's a lot of money in there...

Willis: A lot of money. Ten dollars a bag. There's a lot of money. For a $2.50 cap you're paying ten dollars for it.

Reagen: What about other kinds of substances have you ever used or abused? I say that "used or abused" because the other day I was talking to a fellow we'll talk about abusing drugs and he said, "don't talk to me, I use drugs, I don't abuse drugs"... What about pills and other kinds of things, do you ever use those or do the people on the program with you, the methadone program, use those or is it strictly heroin?

Willis: I myself, I don't use pills, I don't like them. I've used them once or twice in my life, in my lifetime of using drugs. But I'm scared of pills because I know that pills mess with your heart and your brain, and I won't mess with pills. But on the program we have all people that use heroin, you know, hard drugs.

Reagen: Many people don't like methadone because they say that methadone's just another drug, you're just substituting one for the other. Methadone is addictive too. They take away heroin and give you methadone because it's legal. Some black people say this is just a way for white guys to enslave heroin addicts instead of really trying to help them and help them to get off heroin and all drugs completely. What do you think about methadone?

Willis: Look at me. I'm on it now. Could you tell I'm using dope?

Reagen: No.

Willis: Could you tell that dope was being administrated to me?

Reagen: No.

Willis: All right, I'm on it now. Back around three months ago when I was messing around with heroin, I didn't look like this. I couldn't sit here without sweating and going through a lot of changes, moving from side to side. I think the methadone program is godsent. I been messing around with drugs for 17 years or more and for once in my life I am able to go straight ahead. I can go to bed and I don't have to worry about getting up the next day and go out and steal or break in your house or somebody else's house or con somebody out of something. I can lay in the bed or I can just get up and go to work and I can do it right way. Although I'm going to the methadone clinic every day to get my methadone to help me...

Reagen: You go every morning, do you? How does it work?

Willis: I get there about 10:30 in the morning, you can go there in the afternoons too. The people are beautiful up there... beautiful...

Reagen: This is St. Joseph's, huh?

Willis: They're beautiful. I think the people when they talk about methadone is no good and stuff like this, they don't know nothing about it. I think they're talking through their hat. They got a methadone program in Buffalo and I don't think it's doing too hot because I see the drug addict is also using pills behind it in order to get an extra high behind it. Again you see you can use methadone and drink some wine or some beer or use pills behind it and get tore. But if you sincerely want to leave methadone or leave drugs alone, period, and just let methadone take it's course, you can just do your thing man, just like you. I mean like I don't look no different than you now and I feel good.

Reagen: You're very experienced in the street scene, you've been around. You've done a lot of things in your life, you've seen a lot. If you had any advice to give to a group of teachers, or people in schools or parents about the drug scene here in Syracuse. If you had one thing you wanted to say to them what would it be, what are some of the kinds of things, what would you like to tell them?

Willis: As far as like kids that like within the schools that are coming to the schools with drugs, or you know, like... First I must say this, like I don't believe that drugs, as far as kids are concerned, like I don't believe that pushers are really going within the schools and are selling the dope.

Reagen: You don't think they are.

Willis: No, I really don't. There may be some that's got enough nerve to do something like this but you can count them on your hand. I think they're going off to get it. They're coming into the schools with it.

Reagen: The kids are bringing the drugs into school?

Willis: Right. This is dope that they need themselves, the majority of them. Cause I don't know a junkie alive that is going to give some of his dope away for the purpose of saying hey c'mon, man, let's me and you get high or something like that. I wouldn't do it. I'm a junkie and I know of very few junkies that would do it , like just give away some of their dope. But the teachers I feel like they must learn the problem. Number one is patience. You've got to have patience. Like you yourself, I don't know how long you've been messing around with the drug scene, but could you tell a junkie?

Reagen: No, I don't think I could.

Willis: And this is because of why you don't know the problem.

Reagen: Well, in many ways, I don't.

Willis: And you don't know what to look for.

Reagen: So you've got to know what to look for and know the problem. What about the parents?

Willis: Now, there's another thing. A number of stories that I've heard... I never seen it, but I've heard of a child ten years old using dope, heroin, the hard stuff, and the parents don't know it. I don't believe that. When you shoot heroin or even mess around with marijuana you go through a process of sleeping, you break out in sweats. I think it's a very stupid parent who doesn't know his child if anything's wrong with his child. Especially the normal scene, being normal. When you're messing around with any type of narcotics, you don't show any normalcy because with any type of narcotics your whole system changes around and do something completely different. A parent should be able to see this but a lot of them don't want to see it.

Reagen: What you're saying is parents, know your children and teachers, learn about the problem.

Willis: And be patient.

Reagen: You're beautiful.

Willis: Thank you.

INTERVIEW WITH KEVIN AND MARY

At the Institute for Drug Education at Syracuse, Michael Reagen, Program Director, interviewed two past drug abusers, Kevin and Mary. They both live in suburban Syracuse and both are now involved with Narcotics Guidance Council Work. The interview has been reproduced on the following pages.

REAGEN: Now Mary you're sixteen years old. Kevin you're nineteen. Both of you have used drugs in the past. I know now that you're involved with Narcotics Guidance Council work and it was through the Narcotics Guidance Council that you got together to talk about drug abuse. What kinds of substances did you use? Mary what about yourself, what did you use?

MARY: Acid and speed. I never really did speed to any extent but there was speed in the acid.

REAGEN: It was mixed?

MARY: Yes, there was also stricchnine in the acid.

KEVIN: A lot of times they'll drop in on the meth tabs.

REAGEN: What does that mean?

KEVIN: It comes in liquid form and they'll put the drop on a meth tab and a lot of times it will make you sick for awhile, feel like you want to be sick but it will also prolong the trip. Just the one meth tab alone can keep you going for...

REAGEN: What have you used?

KEVIN: I've used everything except heroin...

REAGEN: ...except heroin.

KEVIN: I tasted it once where some guy was trying to pawn it off on me as something else and I tasted it, I knew what to look for. It just tasted like everything I'd ever heard heroin tasted like. I said no dice. I don't want it.

REAGEN: Before we went on the show you said that you used heroin. In what form did you use it? Did you inject it?

MARY: No, I snorted it.

REAGEN: "Snorted it", what does that mean? You inhaled it?

MARY: Through your nose, yes.

REAGEN: Why did you use heroin?

MARY: I don't know. It was just kind of a weekend spree.

REAGEN: Did you know what it was?

MARY: Yes, I was turned on to it, just the same with all the drugs I've done.

REAGEN: What do you mean turned on? That's a phrase adults hear all the time. What does turned on mean?

MARY: You don't have to pay for it. A friend of yours has it and they ask you if you'd like to do it with them and so it's for free and you usually do it.

REAGEN: Before we went on the air you told me that you've used marijuana and you've used amphetamines and you've used heroin as you just mentioned. How much did this cost you? Did it cost a lot of money?

MARY: It cost a lot of money. I've never had to pay for it though.

REAGEN: You've never had to pay for it. Someone always gave it to you.

MARY: Right.

REAGEN: A friend?

MARY: Different friends. They got some dope and they didn't want to, and they paid for it, but they didn't want to do it alone. No one very often wants to really do any dope alone. So they just gave it to me and I sat with them and tripped or whatever.

REAGEN: How about yourself?

KEVIN: Generally the same thing. When I first got to the Syracuse area I had to pay for it but when I got more well known in the area and more people began to know me, I used to get turned onto it all the time.

REAGEN: Now, by "known in the area"... you moved into town about three or four years ago and you've lived here all your life, Mary? So you're saying that in the beginning you had to pay for things but ...are drugs that available?

KEVIN: They're very available. Like once people know that you're not say an undercover plant, a narc, an informer, generally people will come looking for you. They want to know if you want to buy stuff... like if they have something that comes in and they're trying to get rid of large quantities of it in a quick time, they'll ask you if you want to take a cut on some of it. There's two ways you can do it, you can put so much down, it's like putting something down on a car and paying the rest of it when you get rid of it. That way you can pick some up through your profits or like people just turn you on to it. A lot of people don't like to trip alone... a lot of people ...well... I don't know too much with amphetamines but tripping with acid, a lot of people don't like to do it alone.

REAGEN: Why is that?

KEVIN: Well you can get extremely paranoid being by yourself and you no longer know whether you're still part of reality or if you're off in

another world.

REAGEN: Mary, did you ever have any bad experiences with drugs?

MARY: No.

REAGEN: None? You enjoyed it?

MARY: I enjoyed it to an extent but towards the end I decided I wanted all my senses and I didn't feel that they needed to be dulled, which they were. I couldn't correspond with so many people that came along and I couldn't talk straight or do the things that I needed to do at the time.

REAGEN: Getting a reputation of using drugs among kids in suburban Syracuse, would there be? And special status, would it be cool?

KEVIN: Among other drug users, yeah, it seems to me that the more drugs you've done and the more quantity, the more status you get, you acquire.

REAGEN: They look up to you then?

KEVIN: Yeah, they look up to you as somebody who's got to have a pretty straight head to be able to handle this much... whatever type drug they're doing... especially with acid. If you find somebody that can take large quantities of it without flipping out, freaking out, then they generally are very much looked up to.

REAGEN: What about you Mary, did people look up to you because you were using drugs?

MARY: No, because I've never used that much in a quantity, but once you do get that status, people will bring other kids to you that are bumming and you can sit and try to get their heads straight or talk them down or whatever.

REAGEN: They look to you for guidance in other words, in how to use drugs and how to handle a problem with them. What about... let's talk about adults and parents. You know that there are a lot of people today that are very concerned about drug abuse and there's all kinds of words being tossed around like "young people are alienated", and "the war in Vietnam causes young people to use drugs" and, on the other hand, I suppose that many, many parents and adults would be upset with a program like this where they feel that there really aren't, isn't that much drug use around... it's a couple of hippie kids and that's it.

MARY: Oh, there's so much drug use. It's so unknowledgeable to the parents...

REAGEN: Well, why is it unknowledgeable to the parents?

KEVIN; I can't for the life of me figure that out. Cause I can remember coming into the house where I was sure that my father was going to know that there was something the matter with me and he just either didn't say anything or else he didn't know as a matter of fact when he was sober and he found out that I had been doing acid he almost flipped out... he couldn't believe it.

REAGEN: Didn't your folks know... you mentioned that you used heroin and that you used it on a weekend. Was that a total weekend...?

MARY: A total weekend.

REAGEN: Weren't your parents concerned where you were that weekend?

MARY: I think they were concerned but... I haven't seen them for quite awhile and that was when I left. I wasn't considered a runaway I was just visiting them at the time and I left and they didn't realize that I had left the town they thought I had that day, and I didn't until the weekend was over.

REAGEN: So they didn't know.

MARY: They didn't know.

REAGEN: You both had mentioned before we began to tape that in one way or another you didn't have a usual family life. I know that you're living alone and that your parents are separated now. Do you think that contributed in any to the fact that you used drugs.

KEVIN: Well, with me, I pretty well have my mind set that it did, because ever since I've been sixteen I've pretty much been on my own. I came to live with my father then he told me that he didn't really much care what I did or where I went or when I got home as long as I didn't get in trouble with the police. He said if you get thrown in jail, don't come looking to me to bail you out, and I did. Sure I did a lot of things I wasn't supposed to but I never got caught at it either. At least as far as I know I didn't.

REAGEN: Mary, what about you, do you think that not having the usual or typical or average American family type thing, if there is an average American family...

MARY: I haven't seen any...

REAGEN: No, I haven't either, but do you think that...

MARY: I think that helped quite a bit. I've noticed that mostly young girls going to court and to Hillbrick family court have been into drugs and have started doing them. I think that your family life has quite a bit to do with it. Although you can come from a perfectly fine home and be doing drugs and your parents would just go through the roof when they find out which is the wrong thing to do... the kid needs help.

REAGEN: I know that you really can't answer this question, but I'm going to ask it anyway. From your perception, your knowledge of the drug scene in this metropolitan area would you way it's mostly the kids who have troubles at home, troubles at school, ...are they usually the ones that were in the crowds that you hung around with that used drugs?

MARY: I don't think you can base it on that, no.

REAGAN: You don't?

MARY: No.

REAGAN: Well, were there any common characteristics among kids who used drugs that you can... you mentioned to me before that if you were knowledgeable you thought you could tell if somebody was using drugs. I also had an experience the other day where a gal who had worked for me met with another woman who had been using drugs and that she didn't even know it but she knew it. She said, I can tell they had both been drug abusers. She said I knew that's the kind of person, she said I knew right away we hit it right off. What is that? Is that a common...

KEVIN: It's almost like a sixth sense, at least it seems to be to me. I've seen people at the high school I went to... like one year I'd see them and I'd say to myself like I'm almost 99% sure that they don't do any drugs at all. And they'd come back the next year and you'd say, like wow, something happened to them over the summer, because I can practically tell they're into drugs you know. I just... a lot of times especially in school... you asked me before about teachers' education on the thing. A lot of things to look for like changes in personality, changes in attitude towards school and attitudes toward discipline.

Character changes like if they all of a sudden become lackadaisical and "I don't care" attitude, most of the time they've gotten into drugs.

REAGEN: Mary, do you feel that that's true?

MARY: Yes, but it's funny because people think it's the kids that are doing drugs, I've seen many, many adults doing drugs...

REAGEN: Many adults doing drugs?

MARY: Well known people doing drugs and you couldn't begin to tell people about this...

REAGEN: What do you mean, in a party situation with young people? What do you mean, "doing drugs"?

MARY: Just someone who knows young people.

KEVIN: Has close contact with young people like young people who are their friends like say they've come looking for an older person for advice and when they get into a relationship a lot of times the older person will start to wonder if maybe this kid hasn't got it all wrong maybe...

REAGEN: ...he ought to try it too. So there are may adults who also use drugs.

MARY: True, I've seen them.

REAGEN: What do you mean by use? What do they use? Marijuana?

MARY: Acid.

REAGEN: Acid?

KEVIN: Yeah, a lot of older people start off with marijuana. It's almost like...

REAGEN: What do you mean by old?

KEVIN: Oh, anywhere from thirty up to about forty. I've never... well, I've only seen about three people in my whole life who were say over 45 that do drugs and most of these had been doing them ever since, as a matter of fact, all three of them had been doing them ever since they were in their twenties...

REAGEN: Did you... we had one person we were speaking with who said dope was great, I enjoyed it, I never had any problems with it except the thing that bothered me was all the other stuff that went with it. The fact that it was illegal, for example. The fact that I really didn't know what I was getting when I bought something even if I got it from someone that I knew. Does the fact that these substances are illegal... didn't that bother you at all? Is that a deterrent, weren't you concerned about being...

KEVIN: Not really. When you talked about not knowing what you were getting, well, if you've been doing drugs for awhile you get so that you know what's in it. You can taste whatever's in it. It's really strange, like I've taken tabs of acid and like tasted them and been able to tell if there's like stricchnine in it or been able to tell there's speed in it.

REAGEN: You feel that you're experienced enough so that you can know what you're getting?

KEVIN: Yeah, up to a point. Now with arsenic... I've seen people take arsenic and put it in capsules... they think it's funny and that you have trouble tasting. As a matter of fact you don't know what you've gotten and in that respect you don't know whether you've gotten it until you get it inside you.

REAGEN: Mary, can you tell what you're getting. Were you ever worried about that?

MARY: I never worried about it because the things that I'd get I'd always talk to people about what their effects were... well I don't know a couple of months ago there was a big thing of sunshine coming in, orange sunshine...

REAGEN: What's orange sunshine... it sounds like a lollipop...

MARY: It's a form of acid...

REAGEN: What form of acid is it?

MARY: It's just a form of acid in an orange tab.

KEVIN: Generally sunshine acid is pretty good acid. If it's got the name sunshine on it, you can pretty well bet it's pretty good.

MARY: Well, the first batch of it was noted for a little bit of stricchnine and the second batch had a little bit of speed in it so while you were crashing you could clean you house or whatever, which was really nice...

REAGEN: Crashing means what? Coming down?

MARY: Right.

REAGEN: Aren't you frightened though about it being illegal?

MARY: I think the general feeling to that is well, I've never been busted and until I get... well, I don't feel that I will get busted.

REAGEN: Do you know anyone that's been busted?

KEVIN: Oh yeah... everybody... like if you're in contact with people who do drugs you always know somebody who's been busted.

REAGEN: Doesn't that bother you at all, that could happen to me or...

KEVIN: Well, it will make you... for awhile a couple three or four days it will make you a little wary, you know a little paranoid. You'll

watch your step for awhile but then you know you figure out I'm smarter than that you know I won't get caught and actually I've found out that if you actually use your head about what you're doing in the sense of doing things illegal... if you use your head you can get around it. Like if... say like you want to go pick up some stuff like some acid and you figure, O.K. you've got five minutes. You go in, you give the guy some money, you rap with him a little bit, you get it and if you drop it right away and get to wherever you're going to be when you're tripping you're all right because in New York State they can't bust you for internal possession. Like you can be tripping out of your skull and if you've got it inside your stomach they can't do anything to you.

REAGEN: Both of you have religion evidently. Both of you have indicated that you've stopped using drugs. I know that you've been working with the Narcotics Guidance Council. Speaking to groups of adults and youngsters who are interested in the drug abuse problem Why did you stop? You seem to be pretty savy Kevin, why...

KEVIN: I flipped out...

REAGEN: What does that mean?

KEVIN: I had a bad trip and it bothered me for about eight months. I was running around... I didn't know... I really wasn't sure whether I was alive or dead and whether everybody else around me was alive or dead. From the experience that I've had on that trip I just couldn't be 100% sure... I got into this thing in my head where the whole world was in my imagination...

REAGEN: Did you go to anybody for any help or talk to anybody?

KEVIN: Well there was a guy with me when it happened and uh...

REAGEN: Another young fellow like yourself?

KEVIN: Yeah, he's about 20 or 21 now and uh...

REAGEN: You got scared?

KEVIN: Oh yeah, I got scared good. As a matter of fact like I said it made me quit for like going on a year and a half now.

REAGEN: What about you Mary, why did you stop?

MARY: Oh, I started seeing all my friends flipping out, like they'd take some acid and it was quite strong and they did quite a bit of it. Like there was some LSD-25 which is really potent acid and they didn't realize this is what it was and they had taken two and a half tabs of it. Well, you can't take an overdose on acid, but they just flipped out. They didn't know who they were, where they were going. They turned into different people.

REAGEN: What about the parents of these children? What about the adult community? What about teachers? Does anybody know about these friends of yours that are flipped out?

MARY: Some parents find out and when they do the kids will try and get out of it naturally. And the parents, well it was changed around so that somebody put it in one of your drinks and you were drugged and that's the way it went and that's how the parents you know...

REAGEN: In other words you're saying that the kids themselves would not tell the truth to their parents and the parents...

MARY: The parents had to condone it in some respect.

REAGEN: The parents would rationalize it in some way...

MARY: ...and say that you were drugged and the kids naturally would agree with it. They're not going to sit there and say, no, I took

it on my own, I knew what it was...

REAGEN: What about teachers? And schools, what about schools? How savvy are they as to what is going on?

KEVIN: Up until about middle of last year, of last school year... they didn't seem to be too awfully knowledgeable. I can remember talking to my guidance counselor and I figured he was pretty well with what was going on, you know he pretty well knew what was going on in the school. It surprised me a great deal how little he knew...

REAGEN: Now is that true... or is that just bragging... like you know more about the scene than he does.

KEVIN: No, I was really surprised...

REAGEN: He was that naive, he didn't know...

KEVIN: Either that or he was putting on a pretty good act, trying to get information out of me for some reason or other but I don't think he was because I trust him pretty well and...

REAGEN: What do you mean? What kind of ignorance do they have? Don't they know the people using or don't they know the substances that are being used?

KEVIN: No, he like... he figured it was about maybe... I think the figures he quoted were about 15% of the school population had experimented and only about 5% were heavy users. And more like the other way around, more like 15% haven't tried and I figure about 5% are not heavy users these days.

REAGEN: Do you agree with those kinds of...?

MARY: I do. There's quite a bit of it and the people in school aren't knowledgeable and they... a kid can be in school tripping their

brains out or speeding or whatever and the teachers and guidance people just never know. The kid can be falling on the floor, tripping over his own feet and they just never know, they just don't seem to realize...

KEVIN: They seem like they ignore it...

MARY: As if they didn't... as if the problem wasn't in their school, you know, Quote Unquote.

KEVIN: Yeah, like I've seen kids walking down the halls... like they have to hold onto the lockers in order to stand up, walk right by teachers and teachers won't even do anything...

REAGEN: To me that sounds extraordinary.

KEVIN: It really bothered me for quite awhile.

REAGEN: I'm not in schools but I can't see typically people wandering and staggering down halls and so forth I...

KEVIN: Well you have to realize too that most schools these days are pretty well crowded and a lot of times teachers will stand there but they won't even see what's going on because every day the halls are crowded and...

REAGEN: I think it's one thing to stop using drugs and it's another thing to go around talking about it. When did you make a decision to go talk to people?

MARY: Well, I got into Narcotics Council and various other things and we're also starting a program. It's going to be called HEADS and it's similar to 1012 but drugs is a main topic, but they're so many other topics under that...

REAGEN: Like what?

MARY: Pregnancies, the veneral diseases, venereal, other such things that kids really need help and no one seems to be... well, quite a few

people are giving it to them but they need more.

REAGEN: So you just decided you wanted to help people, is that it?

MARY: Right.

REAGEN: What about yourself?

KEVIN: Well, the same thing like when I was in school I didn't have any qualms at all about people knowing whether I was doing dope or not, it didn't bother me in the least. I was never afraid of anybody calling up my father because I figured if they did, well, whopee, what's he going to do, shoot me? Well you know...

REAGEN: Now you're out of school?

KEVIN: Yeah, I'm out of school now which is one thing I think is pretty interesting to note. When I quit, see, I just got out of high school... nineteen years old... and the reason it took me so long is that I started getting into dope and I just got an "I don't really care" attitude about the whole thing you know, it doesn't bother me if I get out of school or not and the other thing was that I was actually really afraid to get out of high school. I didn't know what the hell I was going to do once I got out.

REAGEN: Do you know now?

KEVIN: Well, I've got a general idea I want to put myself through school. I want to go to college because I feel that there's a lot I missed in high school that I can pick up in college.

REAGEN: Both of you know that the reason we're taping this particular conversation is to use it in a drug education program. We're training some teachers and talking to some teachers and with some teachers about drug abuse in this county. If you had to say something to an audience of teachers, if we had a large group of teachers together at one time

and you could give them any one message about your experience with drugs and how it relates to kids, what would that message be? Mary, you first, what would you...

MARY: I think the only message is to try and be drug knowledgeable and to realize that the problem is there in their own classes in their own school.

REAGEN: How do you find out if you're a teacher? Supposing I'm a teacher and I say I want to be a good guy. I want to find out, I want to help but I don't know, how do I... how am I going to find out? How do I become drug knowledgeable?

MARY: It takes awhile to get kids to believe in you and to be able to trust you and that's what you have to do, you just have to work with the kids and start out. It's a long process, it takes awhile but it's very... I think it pays very well.

REAGEN: You're talking about knowing about substances or are you talking about communicating with kids?

MARY: They have to communicate more. Their class can't be a 45 minute informative class about the 1912 something or other. They have to include things that are happening now also in their classes and be kind of a freedom based teacher, which is so much better than the regular standard teacher that goes by the book.

REAGEN: How about you?

KEVIN: Well, I can say right now that most kids that are drug abusers today... they won't quit doing drugs until actually they're ready to stop. I can say this from my own personal experience and from the experience of my friends. I had a lot of people, teachers, friends of mine who were adults, kids who used to talk to me about quitting, stop doing, abusing drugs, and I listened to them all and sure, I might lay

off for a week or so, then I'd get right back into it and most kids won't stop until they want to.

REAGEN: So what can we do?

KEVIN: And the best thing to me would seem to be try to find ways of getting kids to want to stop. Try and make them realize they do have a lot to live for... most kids today, they get things handed to them all the time... and they don't really... they're not really ready to get out of high school and go out and really get out on their own. The ones that do generally have a good family life. The ones that don't like I said, they get things handed to them they're not capable of dealing with living on their own and supporting themselves... and taking care of themselves.

REAGEN: All right one last question for both of you. If you could close your eyes and that large group of teachers you were speaking to is now a large group of kids your own age, let's say, teenagers, high school students, what one message about drugs would you give to them?

MARY: I think I'd just ask them to really think about what it's doing to them, physically and mentally and really think about it. There's not much you can... they really have to do it on their own and if you can start them thinking about what's happening to them physically. I'm in rotten shape too after all that and I started thinking about mentally and physically, my senses losing them and I think that if they just started thinking about themselves and what they want to do with their life it will help quite a bit.

REAGEN: How about you, Kevin?

KEVIN: Same thing. I would actually... if I run across people that are doing drugs now I do the best I can to urge them to stop doing them

because it just... your body was not made to take all these foreign chemicals. It'll really screw up your body, your memory, your whole mind actually but mostly your memory. It's just... if you stop and think while you're on drugs what would it be like to be like this permanently that alone would be enough to scare me right into stop doing it.

REAGEN: Do you think that kids know all this stuff we're talking about? Do you think they know about the bad effects of drugs? Are kids that knowledgeable about substances?

MARY: I don't feel... they have to experience them or see someone experiencing these bad things...

REAGEN: Well, if you just talk to them if you tell them about it, do you think programs like this are any good? ...that they're going to listen to you guys if...

MARY: I think it helps to an extent... it's hard to say really. Some kids it helps more than others.

KEVIN: I would hope they'd listen, I pretty much agree with what she said on that...

REAGEN: What about marijuana... there's talk of legalizing it. I think you told me you started using drugs in Canada, or is that wrong?

KEVIN; No, that's right.

REAGEN: Do you feel we ought to legalize marijuana?

KEVIN: I would say no.

REAGEN: Why?

KEVIN: Well, because you probably would run up after awhile against the same problems you have with alcohol, alcoholism. People who drive when they're stoned on grass... depth perception is shot to heck, you

know you can't judge distances right... a lot of times you just get lackadaisacal about your driving. You know you ignore things. Like I can remember driving by signs that said...

REAGEN: Driving by signs?

KEVIN: Yeah, signs that said there's a curve and I'd say, curve? and keep right on going at the same speed.

REAGEN: What about you?

MARY: I probably would have said a while ago like a year to legalize it because that's what I was doing at the time, but now I feel it shouldn't be legalized because whether it's been proven or not, I feel that marijuana definitely does lead to harder drugs and you know you just run into a bigger problem similar to alcoholism.

KEVIN: Yeah, and then you get alot of people who will be doing the same thing that people who get into alcoholism do. One of the reasons that I think people start using drugs is to escape the problems that they're having in real life and it will get to the point where they'll want to stay stoned all the time because they can handle things easier and I've seen it a lot with alcoholics, they'll drink... try and drink away their problems and I think that if we get a country full of people who are either drunk or stoned all the time, the whole country will go to blazes... and people will get this I don't care attitude all over the place, and I personally would not like to see it happen.

REAGEN: I've enjoyed talking with you very much. I hope we can do this again sometime.

KEVIN: Thanks a lot.

REAGEN: Thank you.

INTERVIEW WITH DR. WAYNE O. EVANS

At the Institute for Drug Education at Syracuse, Michael Reagen, Program Director, interviewed Wayne O. Evans, PhD., on the subject of drug abuse. Dr. Evans is with the staff of Special Consultant to the President for Narcotics & Dangerous Drugs, Washington, D.C. Dr. Evans and N. S. Kline have recently edited a collection of readings entitled Psychotropic Drugs in the Year 2000: Use by Normal Humans. The interview has been reproduced in the following pages.

Reagen: Dr. Evans, in your book, Psychotropic Drugs in the Year 2000...

Evans: Their use by normal humans...

Reagen: Their use by normal humans... a very controversial book. What's a psychotropic drug?

Evans: Well, to me a drug is any chemical substance which is from the outside and is taken into the body and causes an effect on biologic tissue. Now this is a very general definition. By this, water could be thought of as a drug, because it comes in from the outside and you can get intoxicated on it. By psychotropic, we mean one by which you alter the way you perceive or see things or hear things, the way you think about things or the way you feel about things.

Reagen: As a psychopharmacologist, you're particularly interested in drugs that alter moods.

Evans: Yes, moods are a big thing, although altering memory mentation, mind function in other ways is also possible and being conceived of now. We are on a pioneering... we're just stepping into a new era where we're about to identify, I think, the fundamental biological basis of memory,

for example, as well. Therefore, as the classic ways these kinds of drugs have been used, like alcohol and stimulants like caffeine, or tobacco, nicotine has mental effects. And, of course, coffee we drink, not because it's nutritive as such, but because it alerts us, makes us feel more alert, which is the psychotropic effect.

Reagen: In the past 15 years you've been involved with what as a lay man I would call a think tank, and you've been involved in a lot of research, and you also spent a lot of time, you told me, doing fun things like inventing new drugs. You had an article several months ago, (and I guess it's kind of a precursor for your book, in a sense), in the World Futurist Magazine, a group of people who systematically study the future. Let's talk about your work. Put for me, if you can, in context... as you see it... what's happening in our society today.

Evans: That's, I suppose, ...you mean in terms of the uses of these various substances...

Reagen: We've got many, many people using a wide variety of substances.

Evans: Oh yes, there's no question about that, and perhaps more widely than we care to recognize many of the times. Many more people drink coffee and would not think to call it a drug, but that's what it is--a mind altering drug--caffeine, or drink alcohol and don't realize that it also is a drug, or take tranquilizers.

Reagen: Smoking...

Evans: Smoking again...

Reagen: You smoke a lot.

Evans: Yes I do and, right, exactly this is a dangerous drug. It's habituating, it will cause a dependence, it will cause damage to me physically. I know that and I still do it. I know the risks and I

know the benefits, the enjoyment. So I've done what you might call a cost benefit analysis on it.

Reagen: A cost benefit analysis... ha, ha. Adults aren't particularly concerned about caffeine, and I suppose we should be more concerned about caffeine, and I suppose we should be more concerned about it, but we're very concerned about marijuana and LSD and speed and heroin and...

Evans: Yes, I think there are certain reasons for concern because a great many people who take these substances, (now too many adults as well as youngsters), don't know what they're taking--don't know how to take the drugs safely or in a sa manner. There's no quality control on many of the drugs. Some of those that you mentioned are the illegal substances. There's no quality control on their manufacture so you don't know what you're getting but for many of the adults... they don't realize that alcohol, sleeping tablets of the barbituary type and some types of tranquilizers all add up and can make a vicious dependency, and that many people are poisoned that way. So again, if we say the "drug problem", our biggest one today, I'd say is ignorance. We don't have people who understand what drugs are and how they work on the body.

Ever since the beginnings of recorded man... the ancient Aryans of India... they showed that they had substances that could alter their minds and the Eskimo managed to get alcohol by chasing a bear down, and right after he'd eat, they kill it, take the gut out, tie it at both ends and let the stuff inside ferment so they could get an alcoholic beverage out of it. And so throughout history... In the Middle Kingdom of Egypt there was opium; opium was known as early as the twelfth century

they knew dependence. In Arabic medicine, they had known dependence could occur with these opiate substances; and they're the classic tranquilizers right there, removing suffering.

Reagen: Is this historical tradition just raising its head in America now?

Evans: I think we could not say that even now because in American history, we've had ether sniffing parties...

Reagen: Ether sniffing parties?

Evans: Ether sniffing parties. When ether first came out... nitrous oxide... laughing gas parties were prevalent at one time in our history. And at one time we believed the tomato was poisonous, it was a mind altering substance that would cause bizarre effects. So we've had epidemics or problems because of people taking substances that effect their minds in what they felt or thought or whether they felt pain or such throughout our history and every other culture. The English have had their _____ at the same time they were bringing opium into China.

Reagen: I get the feeling... now I've been talking with you for an hour or so... I get the feeling that you're not as concerned about the drug abuse problem as perhaps some other people are.

Evans: Well, I would say I'm concerned, but in a different way.

Reagen: What do you mean?

Evans: I'm not concerned about the abuse of drugs, I don't care. You can beat up on drugs all day long, I'm worried about drugs harming people. So, in other words, when a drug abuses a person it worries me and I hate to see anybody get hurt with a drug, because to me they are substances which are good and will help you get along in the

environment you happen to find yourself and when used correctly, they can.

Reagen: There are many people who feel we ought to get rid of, remove from our society marijuana, LSD, you know, the current illegal substances, that we ought to do our best to take them away from, make them unavailable to all people. You don't feel that way, do you?

Evans: Well, in terms of which substances to make available and which not is much more a situation of our history than it is of our scientific knowledge. Well, for example, we know that alcohol is by far one of the most vicious, dependent forming drugs in the world and we know that it causes insanity and pyschosis. We know its effects on the liver, we know that it is associated highly with sex crimes, we know that it is associated with death on the highway. We accept this drug and we use it for historical reasons. Now in our culture, the opiate such as heroin, (and I might add codeine or paragoric), they're both opiates and they're available and there are people who are dependent upon those drugs, by the way, in the United States. It's not easy to get dependent and it takes a lot more of them, but you can do it and these are accepted. So just naming a drug is not enough; you've got to know... name it, accurate quality control, know how much to take and when to take it and not take it too often so that dependencies form. And most people don't know that it's not easy to get a dependency, you've got to take quite a bit of the drug for quite a while. You've got to soak those receptors in it, really to make it work. And we are, I think, focusing on the drugs the young people take and we would be more credible if we would also call attention to the drugs which we as adults are taking.

Reagen: Of course, this is the argument that young people give us.

Evans: Yes, and I can see some merit.

Reagen: They'll say you're concerned about marijuana or something, but you smoke and you have your martini... you think there is merit to that?

Evans: I think there is merit and I think to be credible we might declare caffeine and alcohol as illegal drugs. Now if we say yes, we wish to get rid of dangerous drugs, I think this would be a very good way to start... get rid of our own and then our stance would certainly be more credible.

Reagen: You don't think that we as a society want to get rid of dangerous drugs, do you?

Evans: No, not fundamentally because we use them too much ourselves. One of the most dangerous is aspirin, in terms of death to young children.

Reagen: Aspirin?

Evans: Yes, in 1965, 155 children died of acute aspirin overdose and this was one of the largest numbers of any drug for acute overdose. The big killer, of course, was the barbituary sleeping pill in combination with alcohol...

Reagen: ...which is primarily used by adults.

Evans: Which is an adult drug and this is a vicious combination in terms of both dependency and possible chance for overdose... Most people don't know about the interaction that pharmacologically these--the alcohol, when you drink your martini and the sleeping pill--are identical, and they form cross dependencies between them and they add up in their effects.

Reagen: What about the relationship between crime and drug abuse, particularly heroin addiction? Some people are saying that New York City is dying because we have thousands of people who are using heroin and some other substances regularly.

Evans: New York has always furnished about 50% of the populations that go into Lexington or Ft. Worth, the two centers for opiate addiction or opiate dependency.

Reagen: These are federal places, federal hospitals.

Evans: Yes, federal hospitals, prison hospitals, and so 50% of them are known to come from the ghetto of the New York area for a long time. New York and Chicago are the two big areas. I don't doubt that there are many people using illegal heroin and I don't also doubt that many people are going into petty crime in terms of shoplifting, prostitution, etc., to get these drugs. And this has been true... we've had about 125,000 to 250,000 estimated people who are dependent upon opiates for about 10 or 15 years now. There also seems to be some indication of usage but I'm not sure about dependency, how much they're using of the youngters out in suburbia. There seems to be indication...

Reagen: ...of its spread, you mean...

Evans: Yes, there seems to be indication, but no one's sure yet because...

Reagen: How can you equate... and I think you are equating... (correct me if I'm wrong), but how can you equate heroin addiction in the city and put it in the same light as aspirin usage? That doesn't make sense to me.

Evans: Well, let's talk about crime first, okay? Sex crimes, 47% are associated with high alcohol ingestion.

Reagen: ...47% are associated with high alcohol ingestion... that's a fact now?

Evans: Yes, over 50% of the corpses that had lethal death on the highway in traffic accidents were found to have blood levels of alcohol that were compatible with levels that would usually cause drunkeness. Crime. So these are documented, hard crimes, associated with a drug, alcohol. Therefore I can correlate it at least on this basis to the prostitution, shop lifting, minor crimes committed by the heroin dependent person who uses this mode of behavior to get money for his drug. You have to realize that in their mode they tend to be rather petty crimes because these people are usually not capable of much more than that. And they have a very short period of time in which they can react at all because of the period from the nods when they're under the drug. They've got about 24 hours before the cramps hit them so severely from their withdrawal symptoms and you can't be a very good criminal with only 24 hours when you have to plan a job.

Reagen: What about the notion that millions of American youngsters are using marijuana, all different kinds of pills, and eventually more people seem to be turning to heroin? Is there a step pattern here?

Evans: There can be. I say that with hesitation because if a person, say, uses marijuana and feels that he is an outlaw, he's been outlawed from our society. I think there's a greater chance that he will come in contact with other illegal substances. So, from a sociological viewpoint, I think this is a possibility. It would raise that chance that he would be exposed to and feel acceptable with this outlawed brand of drug. On the other hand, it's not a pharmacological necessity,

certainly, to proceed from marijuana to anything toward heroin.

Reagen: What do you mean--pharmacological necessity?

Evans: The taking of the one doesn't make you bodily respond in this fashion... I'll give you an example. In O'Donnell's study of all the heroin users that had come to Lexington Hospital from the state of Kentucky, he followed their pattern of use and he caught all but one who managed to get off... he doesn't know what happened to that one. Three hundred and sixty some odd he managed to track down. Their pattern was alcoholism first and then morphinism or the general... some form of the opiates and as trying as some form of an attempt to cure the alcoholism, and then back to alcoholism as an attempt to cure the morphinism. They'd bounce between these two for their whole life...

Reagen: By morphinism, you mean heroin... any opiate derivative.

Evans: Yes.

Reagen: So what you're saying then is that heroin is not the most dangerous drug in America but alcohol is. Is that what you're saying?

Evans: No, I'm not by necessity saying that. I would say all drugs, any drug if used improperly can cause a person harm. No drug if it's used properly need harm a person.

Reagen: No drug if used properly...

Evans: If it is used properly... Heroin could be used instead of morphine and if it is used properly, not too often, the right dosage and such, does not lead to dependence. They could use it in the hospital.

Reagen: Is there any really valid use for using heroin at all?

Evans: It's a little faster acting than straight morphine, because

of its greater speed of action it gets to the brain center a little faster than morphine. When it acts in the brain it acts as morphine. It is a morphine molecule, according to the latest that we've been able to find out.

Reagen: Before we went on the air you told me that you feel that we are just on the threshold of having a whole group or a whole bunch of different kinds of new drugs... that are going to be available to us. You told me that many of these you think are going to be a boon to mankind. You feel that we live really in a drug culture and that we aren't going to stop this and you're one of the guys who are involved in making these new drugs.

Evans: Yeah. Let me give you some examples. First of all, historically, man has always taken substances to change himself and from what I can see about television there's no let up in self medication, no advocated let up. I've seen no fewer ads for any of our over-the-counter pharmaceuticals. We have to face the fact that per capita population we'll have fewer physicians; we'll probably have to turn to medication by people of lower training than physicians, or self-medication.

Reagen: Why will we have fewer physicians?

Evans: Well, as we look at medical school enrollment today, the cost of training physicians, there is no increase as population numbers increase.

Reagen: So there will be other people who will be doing...

Evans: Apparently we'll have to go to the assistant doctor concept and others like this...

Reagen: There's a bill in New York State now to have...

Evans: ...to provide some means of medical care. And in this health delivery mode it would be very useful if people could understand drugs enough so that they could use them with wisdom. Because again, aspirin can be a dangerous drug if used by the wrong person. Some people are allergic to it and if they take it they'll die... or if they're an ulcerated patient that would be very dangerous because aspirin dissolves mucal polysaccarides...

Reagen: What's that?

Evans: That's the inner lining of the gut. It will dissolve the mucus itself in the stomach. It's a good way to get an ulcer or make worse an ulcer you already have...

Reagen: ...using aspirin.

Evans: It's a beautiful drug if you've got a headache and if you don't take too many, but take the right amount.

Reagen: This is a very confusing picture you've presented. You know that the reason we're taping this is because of a drug education program here in this county. That's why we invited you to fly in and be with us. We're concerned about stopping drug abuse, and you say there will be more drugs around to abuse in the future...

Evans: Drugs that can harm people...

Reagen: Drugs that can harm people... What are we going to do about this? If I gave you two million dollars and exposed you to a group of people that are directly involved in educating every youngster in this county, what kinds of things are they to do in an education program?

Evans: The first thing I would want to know is what the people in

the county want because I don't like to see anybody come in and try to shove their ideas down anybody else's throat. I don't think the authoritarian approach is the best way to... it's not education... it's propaganda. I suppose what I'd want to do then is talk to various groups, see what they wanted and explain what I thought a drug was and how drugs, almost any of these drugs can harm people if they're not used with intelligence. Knowing a person's sensitivities to the drug, knowing right dosage, right dosage forms--all this complex information which really is necessary if you're going to use drugs with wisdom rather than have them turn on you, any of the drugs. But I would want to go in and explain my positions to people and see what they wanted. Maybe they wouldn't want the whole bag, maybe they'd only want part of it, but that's O.K. too. It's for them to determine.

Reagen: Now you obviously have some strong notions about... strong feelings about what ought to be told to children and when it ought to be told to them and how it ought to be told to them. You've written several articles which I've read in preparation for speaking with you. Let's explore those now. Let's explore Wayne Evans' thoughts on drug education. When should it start? What should it be like?

Evans: Well, I'd say the first thing, we should stop thinking of drug education as something different from other forms of education; it's part of life education really. People live in a chemical environment. We have the chemicals in the air, the chemicals in our foods that we take in and the foods themselves are chemicals, proteins and amino acids and this that are right there inherent in the food, and some of the drugs by working on these natural bodily products like your foods. For that matter, the Italian syndrome, they call it.

Reagen: The Italian syndrome?

Evans: Yes, one of the anti-depressant substances when they were first out. One type of them combined with chianti or camembert cheese that stopped the metabolism of natural proteins triptothane or tiromine so that they would not metabolize in the body.

Reagen: What's that mean?

Evans: What came out was it killed some people from Italian neighborhoods because they were loading themselves with these natural proteins, perfectly natural to the body...

Reagen: ...from the cheese and wine...

Evans: ...and the drug was stopping their being turned into other products in the body, metabolism, and so they developed high fevers and died. If the physicians in that case had known a little more about the fundamental pharmacology, they would have known there's another drug which is the automatic antidote for this and they would have known what it was, but they didn't...

Reagen: Physicians as a group of people are very involved in drug education.

Evans: Yes.

Reagen: Do they know...

Evans: I try to educate them...

Reagen: ...what they're talking about?

Evans: Some do of course, some of them are very highly qualified; some are very badly qualified, particularly in the pharmacology of the illegal... of the drugs that are presently illegal within our society ...of alcohol.

Reagen: Most layment think that physicians know everything there is

to know about the body.

Evans: Yes, this is a hoax that has been perpetrated for a number of years in many senses. I think physicians themselves would be the first to admit their lack of information and I feel sorry for a physician. He has to know so much and has so little time to learn it, and I can understand why they feel the necessity of going into specialties. But also I've tried to teach them in basic pharmacology courses. I'd given a lecture, I thought a very erudite one, on the effects of drugs on the giant squid's axon, the outer nerve, peripheral nerve. I thought it was a very learned lecture and one of them stood up to me and said, "Now doctor, when will I ever have a giant squid walk into my office?" This was down in the Carolinas and I said, "I don't know, but if one does, you're ready."

Reagen: Let's get back to the children and talking about life education. Was there any age group that...

Evans: I'd start with the lowest age level I could because I think that our studies from the tobacco commercials, anti-tobacco, anti-smoking show that it was the third graders that they had the greatest effect on. There's more apparent cultural homogeneity at this age and then it sort of goes away as peer groups form and it would appear that this is the best age at which you can hit a large group with any uniform material.

Reagen: What do we do with the thousands of high school students and junior high school students who may or may not be thinking of using drugs for recreational purposes that we're concerned primarily about?

Evans: Of course I would hope very much that for them we can provide them information about things like quality control.

Reagen: What do you mean--quality control? Good marijuana versus bad marijuana?

Evans: Yes, in the literal sense. Their friends don't know whether that is good marijuana. They don't know what is in that lid unless they're awfully good chemists and have submitted it to the correct kind of analysis. I hope that one of the first points we've got to make is that before you take something, you've got to know what it is and then you've got to figure out how much you're going to need--what's the dosage, by what route. These are the fundamental things you've got to know, but if you don't know what you're taking, you obviously don't know how much to give to yourself to achieve any desired effect. So this is one thing I'd bring right down fast. Know what you're getting. Some of these clandestine labs are very bad.

Reagen: Giving information about illegal... you'd be giving illegal information wouldn't you?

Evans: In some states that could be illegal, yes, to give out such information.

Reagen: You have other thoughts about illegality and one of the thoughts that intrigued me was your notion about how police officers could assist in finding out and being researchers, scientific reseachers.

Evans: Well, I think the police have been cast in a very awkward role...

Reagen: How so now?

Evans: Well, in the sense we're asking them to be the bad guys for the rest of the adults. We're asking things of the police that we as parents can't ask ourselves to do quite often, which is to say, to take care of our kids when as parents we have sort of thrown up our hands, I think. I say that as a parent. And so it's put the police in this awkward role of having to be the main targets of the kids attacks quite

often. I feel very sorry for them. I feel their's is a very awkward social role right now because they've got laws to enforce, that's their job. It's not their job to be social workers or rehab workers. On the other hand, there are too many people screaming at the police, "don't you touch my kid!". So I have a great deal of sympathy for them and I can appreciate what they're trying to do.

Reagen: How would you use them if I gave you this mythical county and I gave you all the police and all the money and...

Evans: Again, with the permission of the citizenry, I suppose I would use some of them, get special squads trained up to become benign, but objective data gatherers and observers.

Reagen: Benign and objective data gatherers and observers, what does that mean?

Evans: Yes, I think we do not truly know what is going on out there in the drug scene culture. I don't think any of us can say they're taking this drug or that drug, or it's coming in such and such a quality. I don't think the kids know themselves; I don't think we can ask them to find out. I think we need to have an active epidemiologic check. We must go out and check... We must go out and look ...is there a true epidemic? What is its true nature? If I was going to study, say something like malaria, the first thing I do is get people out in the field who could take indices of actual cases--the kind of malaria, how much, where is it occurring, to whom? Hard data upon which I could then base my teaching or whatever I wanted, but I'd want that kind of data, and I want that kind of data and feedback in teaching programs so that we can see that indeed drugs are harming fewer people because of the program we had.

Reagen: Let's see if I follow this... so you'd relate market information on drugs right back into the classroom in those schools that service those areas.

Evans: Yes, I think that people should be harmed less by drugs in areas that have effective programs that are teaching drug education.

Reagen: Doesn't this mean that we have to retrain all our teachers and...

Evans: No, a good teacher will be doing that now, I think, in any of the areas that they teach. They must make it relative and related to the students' needs, like I apparently wasn't doing when I was teaching those medical students.

Reagen: This is the affair with the...

Evans: With the squid, yes...

Reagen: Do you think we're intelligently, as a nation and as a people, handling the drug problem correctly?

Evans: Well, I don't know yet, I don't think anyone can comment yet on what's going to happen, but we can study history and look to the epidemics of the past and try to put together something. I know Henry _____ did a very nice paper, from the AMA Council on drugs in which he said that these epidemics tend to be self-limiting.

Reagen: What does that mean?

Evans: They tend to run a natural course. They come up and then they go down, they go away and nobody knows why, it just happens that way.

Reagen: Do you think the drug problem's going to go away?

Evans: I don't know and I don't know which one of the drug problems, since I come back saying that we could be talking about ethyl alcohol

or barbituates, we can talk about drugs yet to be invented, which we could go into. We could be talking about the particular drugs which the youth use today and each has its own problems inherent in it.

Reagen: Let's talk about your book, In the Year 2000. What's it going to be like in the year 2000? It's not that far away.

Evans: Yes, I know it's coming up very fast, too fast. Well, what we did was as technical people, a group of us got together and presented to a panel which included a federal judge and the editor of a major science fiction magazine, an anthropologist and the author, Arthur Koestler, since he'd written about _____ drugs in one of his books. So we merely said here's drugs we can invent. We surveyed a number of fields in which we probably could invent drugs, but a drug comes out only if there's a cultural demand for it. So what will be in the year 2000 will be that which is technically capable of producing and what the society wants.

Reagen: What do you think they'll want?

Evans: Well, I think one they will want an intoxicant.

Reagen: An intoxicant?

Evans: Yes, because again, throughout history in every culture, people...

Reagen: Don't we have enough intoxicants?

Evans: It would seem, well we haven't ...those that we have seem to be rather dangerous in the ways we use them. If we could produce a better one or surround some new chemical with a better set of social controls, so that people, whoever they are and whatever intoxicant they take, I don't want them on the highway with me. So whatever we do with any chemicals in the future I would hope that we'd build

social control mechanisms around them so that use is limited to say certain places and certain times... because whatever intoxicant, be it marijuana brand or the alcohol brand, I still don't want it out on the highway with me. It's bad enough out there now.

Reagen: What other kinds of things do you think...

Evans: I think also we will need a whole new set of drugs to cope with our increasing problem of the numbers of geriatrics cases in nursing homes.

Reagen: Now you've invented a drug, haven't you, that might be used in this way.

Evans: Yes, it came out recently. It's an analgesic pain reducing drug which has other properties. It's very potent so that we can use a very small quantity of it and get good effects.

Reagen: What would you do with this, what could it be used for?

Evans: Well, in old people, they hurt. This also improves the mood. This has an anti-depressant function, it has been proven in Canada. These people are rejected by society...

Reagen: Elderly people?

Evans: Yes, they are depressed. They have reason to be depressed since they are rejected. There is little meaning to their life and the nursing homes are grey, dull drab places at best. They're half-way houses to death really, and these people hurt. Now if we can give them a drug like this and make them hurt less and perceive to be happier in their mood... It would appear we're not going to spend the money or take the time to make these people's lives truly meaningful, maybe we'll have to improve from the inside out to make it look better.

Reagen: Let me ask you this, one question. Aren't you really in the business of making drugs that take away the humanity of man, that take them away from dealing with reality?

Evans: To an extent, yes, and to an extent, no. I'd have to know what reality was which is a whole question in itself, but...

Reagen: The real world, the people around you. I'm not talking philosophically.

Evans: You can reduce the edge of reality with drugs and we do do this... by intoxication, man has traditionally escaped reality. In elderly people with anti-depressants, with tranquilizers... we have always tried to reduce the edge of reality, the cruelness of it. Because let's face it, much of reality is very ugly and it may be not even in our mental services' best interest to have our noses ground too close to the grindstone, maybe you get a ground nose, is all you'd manage of it. It would seem that as our society goes into the computer era, as we become more counter intuitive, less understandable to ourselves... in our whole social structure where more and more as our cities become larger and people press in upon one another more and more, and we have to pass laws in accordance with this great pressure, maybe we'll need to kill more of reality, maybe it will be a not-so-pleasant reality we look at.

Reagen: Do you think the rapid spread of drug abuse or drug usage by young people, then it seems you would think, is healthy, is a normal evolutionary pattern.

Evans: Well, there's one interesting thing about it I think that is new to our history. They use turn-on drugs, instead of turn-off drugs. Marijuana or any of its family, bacause that's really a whole class of

drugs, LSD, these are stimulant drugs. At least the marijuana's initial effect is stimulant, it's bi-phasic, its second effect is sedation. So they're turning on while the older generation is into ethyl alcohol, tranquilizers and is turning off. And they seem to be able to tolerate a lot more sensation than we can. I find that very interesting, I con't understand it, but I think it's because I'm of this deprived generation. Maybe we're trying to reduce stimulation, they're trying to experience more and this is one thing that very... that confuses me because I con't see what's so good out there that they're trying to turn on about.

Reagen: You're a nationally recognized authority on one area of the drug problem. You've published many many articles, your new book is out and breaking a lot of... groundwork. You've done a lot of future casting and study in history of drug use in the past and you know an awful lot about pharmacology, the substances, the way drugs work on people. You also have some notions about education and a little while ago I asked you if you had two million dollars to use, what would you do with it in terms of preventative drug abuse education. Let's recapitulate that, what would you do?

Evans: Well, the first thing I'd do is talk to the leaders of the society and get their views, because I don't think we can accept any authoritarian solutions. Now I think the information about how drugs work and how the various uses, and the whole chemical environment in which we find ourselves must be explained to them, because a lot of propaganda has been pitched their way too. So, I'd start there. I think next I would move to take and try to translate their desires by trying to examine the problem as objectively as I could, to try to

find out what is really going on throughout again the entire picture of perscription drugs, illegal drugs, over-the-counter drugs and drugs in our atmosphere.

Reagen: Let me stop you for a minute... Evidently you don't... you would see then different kinds of programs in different kinds of counties depending on the wishes of the people.

Evans: Exactly, that must always be a first.

Reagen: Secondly, you're implying that you don't believe we're objectively looking at the drug scene.

Evans: Yes, I don't think we're looking at the whole extent of the harm some chemicals may be doing to people and we have to examine all these different sources of chemicals.

Reagen: Be specific, what do you mean?

Evans: Perscription drugs. I think there are people who are receiving perscription compounds and are not using them correctly. For example, one in twenty people who in the suburbs receive a tranquilizer, receive it from their neighbors, not from a physician. That's just as a beginning, which, by the way, is quite illegal. It's trafficking in a Schedule 3 drug which is a mandatory sentence ten years under the new law. We aren't applying that law in that way at this time, though of course, now that still is a very illegal act and it represents again somebody taking and using a drug who doesn't know what they're getting and doesn't know their particular sensitivities. The perscribing practices of physicians must be examined and we must examine the interaction of the drugs from our environment as they interact with the drugs we're receiving from other sources.

Reagen: What do you mean--drugs from our environment?

Evans: Like sulphur dioxide, which acts upon the body...

Reagen: What's that, pollution?

Evans: It's one type of a pollutant of the various kinds that are found. It's usually in industrialized areas and in the chemical industry particularly, that you get high sulphur dioxide loading in the air and this sulphur dioxide stops our ability to get rid of other drugs that are metabolizing in the body. So they're in here longer and therefore have greater effects.

Reagen: So you'd like to look at the whole local scene before...

Evans: Yes, I think the whole gamut of chemicals in which we live must be examined and depending on what we found out from such an objective examination of the various kinds of harm that can be caused people by drugs, then I would take time to adapt the teaching to the problem as it existed. With different groups you'll have different teaching approaches because your credibility begins as a teacher...

Reagen: You'll have different things taught?

Evans: Yes, exactly. It depends on where the biggest harm is being done by drugs and again, I think we're all out after the same thing. We want to have drugs stop harming people.

Reagen: You'd also have to have special kinds of people, wouldn't you?

Evans: Right. You have to have a special type of investigators who can get accurate objective information as to what the usage practices are from various kinds of substances.

Reagen: Do we have these kinds of people normally in the...

Evans: Yes, we have good investigative type people. Again the police force can supply this role with their undercover agents who can be good observers and are trained as observers and can report back the

data base that you need. It's oneway. You also have to check with your pharmacies, though, to find out the perscription practices.

Reagen: So, in other words, you'd have a drug squad of police or researchers or a group of people like that whose primary purpose would not be to maybe arrest people but to primarily collect data and feed it to...

Evans: Again, I think I'd have it across a set of disciplines with the police investigative function as well, as you'll have to have some people who know how to sample air and do the analysis and bring it all together to form a coherent picture of drug and chemical effects and uses that could lead to harm in a given area or a given state... and I can see such an interdisciplinary group forming to provide such information.

Reagen: One last question, we are running out of time. You know that we've taped this program for primarily teachers in Onondaga County; there'll be at least a group of 600 people who'll be out there. These are people who are going to go back into their schools and they're going to develop drug curriculums for their children--preventative drug abuse education curriculums for the children in their school. They're going to do it differently in each school, they're deciding what they want to do themselves. What advice can you give them, teachers, practical advice?

Evans: I'd say first, to teach, one must be credible and the only way to be credible is by being honest. So that the first thing they have to do is they have to know from the scientific standpoint as much as they can possibly know about the whole drug picture. And by that, I include all the other sources of drugs--the ones that adults take as

well as the ones the youngster will take. But otherwise, they don't stand a chance. The kids will have too much knowledge for them and they won't believe them unless they know that the teacher knows more than they. And I have noticed the youths are about as bigoted and lacking in knowledge as many of their parents. I don't think there's been any tremendous improvement in the species, unfortunately, I so hoped for a while there was. So the second thing I would do is, I think I would ask the teachers then to look to that first fount of all knowledge which is self-knowledge, know thyself, and when they have a bias or belief or any belief why do they hold it, what was their data source? Or are they responding to a mythology of the thirties. We hear many numbers come up about so many people dying, so many this, so many that, and it's very hard to substantiate where these numbers came from because it's so hard to get good basic information in the area. It's so hard to extract ourselves from our own biases of our own age group--that what we do is right and what other people do is wrong--so again, I think I'd say know thyself.

Reagen: "Know thyself", and that would be your...

Evans: That would be all I could give and then hope for the best.

Reagen: ...and learn as much as you can. I've thoroughly enjoyed this and I think our audience will too. Thank you so much for flying to Syracuse to be with use, Dr. Wayne Evans.

VALUE ORIENTATIONS AND TREATMENT STRATEGIES

Thomas L. Briggs *

The statement "apparently a wide variety of persons, representing all age groups and socio-cultural backgrounds, are ingesting a wide variety of substances (drugs) for a wide variety of purposes" was made often by various experts during the IDEAS program. The significance of this statement as far as treatment or rehabilitation strategies are concerned appears to be that there can be no single approach to the problem of drug use and abuse in a local community and that which may be effective with one individual, may not be suited to another. Difference in approach between drug programs, therefore, can be seen as a positive strength to be encouraged and those who would use the service or refer another to the service should be aware of the differences in order to match need, demand, and expectation with appropriate resources. Of particular importance, these differences between programs are not only methodological or a particular age or cultural group served but more fundamentally are philosophical-ideological differences regarding the staff's view of the nature of the problem being dealt with and the goals of service or treatment based on these distinctions.

A feature in the IDEAS program was a panel discussion of representatives of the major agencies in the community providing services for drug users that are or conceivably could be used by school personnel and students. These services ranged from educational programs, consultation, and the like through specific treatment or rehabilitation efforts. The purpose

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of this part of the program was to acquaint IDEAS participants with the service components of each program but more importantly to explicate clearly the differences in philosophy so that differential use could be made of those resources as particular needs demanded. As expected, there was no agreement among panelists as to the nature of the problems, to ideology, or to proposed solutions. Significant differing points of view were expressed when panelists were asked their opinions as to why young people use drugs. One saw the problem as a psychological one and the explanation of drug use attributed to personality defects. Another, while acknowledging psychological aspects, stressed social or cultural factors especially as they affected the disadvantaged in central city. He also noted that the availability of drugs was a crucial factor in use. Still another saw the use of drugs as symptomatic of the failure of social institutions (e.g., home, school, church) to provide creative outlets and a meaning to life for the youth of our community.

Attitudes towards drug use were also markedly different among panelists. One program has a neutral attitude towards drug use (i.e., neither bad nor good) and viewed it as a problem only if the individual is having "difficulty" in other areas of social functioning. In marked contrast was another view that any drug use represents a chemical crutch which must be discarded if the individual is to experience the "good life".

As one would expect from the above, treatment goals differed among programs. The program that viewed drugs neutrally focused their intervention efforts on social functioning or "hassels" that the individual was experiencing. A treatment goal of this program could conceivably be "prudent" drug use.

The program that viewed drugs as chemical crutches has as its treatment goal total abstinence and efforts were made "to get people off drugs" while at the same time helping them to gain insight as to why they resorted to drugs in the first place.

Still another program had a different treatment goal and that was "abstinence through drug substitution". They advocated, for example, the methadone program as a way of dealing with heroin addiction. Through this approach, social function could be enhanced and this ultimately was their goal. And finally, one panelist saw a combination of the above treatment goals as possible within his organization.

Unfortunately, in the past, representatives of various programs have often been hyper critical of other programs, an understandable phenomena, since the competing systems of the treatment were based on the therapeutic biases of staff growing out of a particular school of thought rather than on sound research and evaluation. Differing value orientations, therefore, rather than demonstrated efficacy were the guiding force of these programs. However, the community has seen a developing partnership where the acrimonious comments on each other's points of view has abated and genuine cooperation has emerged. Each program has had its successes and failures. A recognition of a range of differing of requirements on the part of clients and customers has enabled programs to refer to one another situations where the recipient of services could best be served.

Though understanding and acceptance among and between treatment programs has progressed, one has to question whether the same can be said about IDEAS participants. It was apparent during the sessions that the subject of drug use -- abuse -- is a highly emotional one and it was also

evident that participants had their own "definitions of the problem" and "proposed soutions". During the presentations by representatives of the various drug programs it was apparent that some people were "turned on" by one point of view or another which happens to reinforce their particular value orientation. It is hoped that the overall impact of this session and the IDEAS program generally was to enable participants to maintain perspective, be more open to other points of view, accept more comfortably the absence of simple answers and finally, to prudently use the rich difference found in the community. Only time will tell whether IDEAS was successful in this regard.

SOME COGNITIVE CONCEPTS OF TEAM

Robert D. Schaffer*

The challenge was presented of attempting to convey in one hour to the more than one hundred participants at each session of the IDEAS program, a conceptualization of the team. The motion was to provide something they could get a grip on, something functional that they could almost immediately put to use as they formed themselves into teams for certain operational tasks that were part of their week-long assignments . They were therefore provided with two or more of some conceptual models that they could employ to some degree, and that they could legitimately use as criteria by which to evaluate their interaction with each other within the framework of their team membership.

The first step in this presentation was a two minute pre-test entitled Cognitive Concepts of Team. The results of the pre-test were immediately shared among all the participants through a process of raising of hands to indicate which number on the scale of one to five had been selected by how many of the participants for each of the ten questions. This visual tally immediately and dramatically demonstrated that on many of the conceptual statements there was disagreement as to whether one agreed with them or not.

The balance of the hour was devoted to defining and clarifying

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the terminology employed in the pre-test so as to establish a uniformly understood vocabulary. New concepts introduced were fleshed out so as to increase comprehension of them and enable the participants to functionally apply them in their drug workshop program.

Perhaps at this point the reader of this article would like to take the test himself prior to proceeding further. The test and the answers which are most in line with this writer's concept of team are presented at the end of this article.

THE FIVE CONCEPTUAL MODELS:

1. The Johari Window

This conceptual model was presented in order to emphasize the two fundamental dimensions in communication that are critical to effective team operation. They are (1) disclosure, and (2) feedback. For a person to see himself clearly requires a team structure wherein systems of feedback are recognized and legitimized. For him to know what he is doing and how other people are seeing his behavior is critical to his being functional in human interaction. Similarly there are things that others cannot know about him that can hinder his functional relation with them until he has of his own volition risked disclosing this information to them. The model of The Johari Window encourages the individual to increase his public area, that is, knowledge of the individual which is known both to himself and to others. This enables the individual to be himself and to avoid having

to defend himself and to spend time and energy hiding his true values and behavior from those with whom he is dealing.

2. A Semantic Model.

Jack R. Gibb, in his much quoted article, Defensive Communication, posits two kinds of climates in which individuals can find themselves operating: (1) a defensive, and (2) a supportive climate. Each climate consists of six categories of behavior that tend to induce that kind of climate.

Gibb's Two Types of Climate for Communication.

Defensive Climates Tend to be Induced by	Supportive Climates Tend to be Induced by
1. Evaluation	1. Description
2. Control	2. Problem orientation
3. Strategy	3. Spontaneity
4. Neutrality	4. Empathy
5. Superiority	5. Equality
6. Certainty	6. Provisionalism

Defensive climates tend to be induced by behavior, for example, that is evaluative and suggests certainty. Supportive climates tend to be induced by behavior that is on the other hand descriptive and which reflects an attitude of provisionalism on the part of the communicator. Related to and in support of this notion, a three part semantic model was presented which helps people to distinguish three levels at which communication can take place. Level 1 is Description. Here the responsibility is upon the communicator to be as objective and data oriented as possible in conveying what he has seen or heard. The second Level is Inference. Here the individual goes beyond the basic data to make a thoughtful leap, a guess, or an extrapolation. He

brings to the initial data presented those additional factors or elements that he sees, or feels that he sees, involved in and affecting the situation.

Level 3 is that of Evaluation, where the statement carries with it the notion that something is good or bad, right or wrong. For example, a teacher is in a colleague's classroom observing that teacher's lesson. At the end of the lesson the visitor remarks to his colleague "Boy, you have got problems! You really yelled at those students."

Would you, the reader, tend to see this statement as descriptive or evaluative? We see it as being viewed most frequently as evaluative because the very use of the word "yelled" carries with it negative overtones in our usual teaching framework. A descriptive statement on the other hand would have carried with it more of the tone of the following, "Your voice was louder at these three points (indicating same) in your lesson."

The notion behind the concentration on descriptive statements as against evaluative ones is that the speaker invites the person with whom he is communicating not only to draw his own inference from the description reported, but also to make his own evaluation of that behavior. In line with the theoretical position taken by Gibb this represents the establishment of a supportive climate, rather than raising the defenses of an individual by putting upon him one's own evaluation of another's behavior prior to his own self assessment and his readiness to accept the assessment and judgment of others.

Groups are helped to function more effectively when they comprehend when is the appropriate time to use description, to use inference, and to use evaluation.

3. Emotional versus Intellectual Communication.

Dorothy Baruch in her classic book New Ways in Discipline spelled out in 1948 in dramatic fashion the need to communicate at the feelings level. Currently the writings of Haim Ginott are further popularizing this substantial notion. It would seem that not too many of us are as skilled in communicating at the feelings level as at the intellectual level. Typically when a youngster comes home and reports to us angrily that he is "not going back into that so and so's classroom" we reply at the intellectual level with such retorts as "Why?" or "Yes indeed, you will!" or "Hey, you better tell me about this." Baruch and Ginott see this as turning off the communicator rather than setting the stage for deep and effective communication. They would enjoin us to demonstrate our immediate empathy for the speaker; to demonstrate our comprehension of his present emotional stress and concern, our willingness to keep a provisional and open attitude toward our emotionally charged speaker by responding more in this vein: "You would like to poke the teacher in the nose," or "To you it's a lousy, rotten situation," etc. This reflection and acceptance of the feelings of the speaker is a necessary point in setting the stage for further communication.

4. Task Maintenance versus Group Maintenance.

In the hurly-burly life of the teacher, the tendency has seemed to exist

toward over-concentration on the completion of the multiplicity of tasks facing this harried professional as against expanding even a modest amount of time in balancing this need to complete tasks with the need to maintain a relationship among the individuals attending to the task. Frequently the relationship of people attending to a task is allowed to disintegrate in the name of "Having to Get the Job Done." Team members must be helped to see that studying their own behavior and the process by which they attend to the task is every bit as important and legitimate in the long run as attending to the immediate solution of the task.

5. Bourlands "E" Prime Theory.

D. David Bourland, Jr., presents the notion that the verb "to be" can present a grammatical construct that suggests a highly dogmatic conceptualization and labeling of someone or something. As an example, more effective and honest in communication than the statement, "She is a bigot," would be the more descriptive statement, "I have seen her do these three things which I see as bigoted." The position taken by Bourland relates to concepts presented above in that it speaks to the issue of being more effective in communication if one is descriptive rather than evaluative, and if one is more pro - visional in one's value judgments than certain.

COGNITIVE CONCEPTS OF TEAM

Directions:

a. After reading each item, rate your agreement or disagreement with the statement based on the following scale:

1. Disagree generally
2. Disagree somewhat
3. Undecided
4. Agree somewhat
5. Agree generally

b. Place the appropriate number in front of the question to which you are responding.

Statements:

_____ (1) The team requires a single leader for effective and efficient operation.

_____ (2) The team should be prepared for failures in its working together.

_____ (3) Team members should feel free to express personal fears, needs, concerns, and ideas to the team.

_____ (4) "She is a bigot", may be seen as a semantically insensitive sentence.

_____ (5) An effectively operating team collects data on its own operation as it goes about its problem-solving work.

_____ (6) Once a team has been formed the leader should be wary of admitting any new individuals into membership in the group.

_____ (7) Team members need to learn to be apart from the group as well as a part of the group.

_____ (8) A good team encourages its members to think along similar lines and to submerge personal values for the good of the group.

_____ (9) A good team knows when to create new groupings of its members and when to terminate its existence.

_____ (10) A team labels its weak and strong members so as to deal honestly and effectively with strengths and weaknesses within the group.

ANSWERS TO THE COGNITIVE CONCEPTS OF TEAM QUIZ.

1. Disagree generally. The assumption is made here that great potential exists for each member of the team at different times and places to show leadership. If the team is maximizing the potentiality of its members, then no single leader should necessarity end up dominant.

2. Agree Generally. The assumption here is that failure is a natural, normal and consistent part of any team operation. The team builds positively upon the failures that it regularly finds because it is tackling real problems with real people.

3. Agree Generally. This concept is in line with the notion expressed above that people who are going to communicate effectively together need the opportunity and encouragement to risk self-disclosure.

4. Agree Generally. To the extent that the sentence suggests finality, permanence, and labeling, it is insensitive to a philosophy that appears to ungird semantics which holds that one is ethically responsible for dealing honestly and realistically with language.

5. Agree Generally. This is the notion that a group is maintained through spending time in studying its own operation and performance.

6. Disagree Generally. The tip off word in this statement is "the leader". The <u>team</u> is responsible for any and all decisions, not any single individual.

7. Agree Generally. This sentence again emphasizes the notion that a good part of the team's time must be spent on objectively being apart from the group so as to objectively study the dynamics of the

group operation.

8. Disagree Generally. While admittedly there is a tendency for groups to apply pressure to encourage conformity among its members, the notion of team as we have conceived it involves such respect for the individual to be himself that the team finds ways to encompass in the group membership persons with very dissimilar points of view.

9. Agree Generally. This concept deals with the notion of institutionalization or the setting up of an "establishment". A good team knows when it's gotten into a rut, when it is no longer creating, when it is becoming an "establishment". It should then put itself out of business.

10. Disagree Generally. The key word in this statement is labels. Within our frame of reference any labeling is a dangerous act. Labeling negates the potentiality of people to grow and change.

* * * * * * * * * * *

Some or all of these concepts to some degree were shared in the anticipation that these notions were already in the repertoire of some of the institute participants. Within the limited time of an hour it could only be assumed that one could give some modest focus to these concepts and the skills they imply and legitimize. Also, they could be used as criteria by which the performance of the participants on the IDEAS teams might be judged. This writer firmly believes that skills and concepts relating to effective team behavior are most efficiently and effectively learned through group self study in a clinical setting.

References:

Baruch, Dorothy, New Ways in Discipline. New York: McGraw-Hill Book Co., 1948.

Gibb, Jack R. "Defensive Communication", Journal of Communication, Vol. II (Sept. 1961) pp. 141-142.

Ginott, Haim, Between Parent & Child. New York: MacMillan Co., 1965.

Hayakawa, S.I., Language in Thought and Action. Rev. Ed. New York: Harcourt, Brace & World, Inc. 1963.

Luft, Joseph, Group Processes: An Introduction to Group Dynamics. Palo Alto, Calif.: National Press, 1963.

"Bourland's E Prime Theory". Time. Vol. 93, No. 21 (May 23, 1969), p. 69.

CONSIDERATIONS IN THE DEVELOPMENT OF THE SCHOOL DRUG POLICY *

Developing an effective school drug policy will indeed be a formidable task. You will find that the composition of any planning committee will reflect a variety of attitudes and feelings, some harmonious and others dissonant. Compromise will be the keynote, as concerns for all segments of the community should be reflected in the finished product. The phrase "finished product" may be misleading. The policy must not be allowed to remain stagnant, but should and must change as positions that are adopted prove to be, in reality, less than adequate or increases in faculty knowledge and experience allow for deviation from initial dictates.

OBJECTIVE: To stimulate thought and discussion regarding components of an effective School Drug Policy.

Who should be involved in policy development?

1. Administration
2. Faculty
3. Parents
4. Students
5. Legal Counsel
6. School Board
7. Narcotic Guidance Council Representatives (if community has such a source)
8. Representatives of School Health Service

The school board meeting at which the recommendations made by the school drug policy committee are to be voted on, should be widely publicized. This will provide the opportunity for residents of the district to voice

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* Prepared by Gerald F. Maywright - November 1971.

their opinions regarding the components of and the rationale for those components in the school drug policy. I feel this is most important because of the direct or indirect ramifications that each of the situations we will be discussing later on have for parents, students, faculty members and school officials.

It is my recommendation that once the policy has been drawn up and passed, each parent, student, and school employee should have a written copy of it. I feel it is especially important for faculty members, as well as school employees to have outlined in black and white exactly what their responsibilities are in any type of situation related to drug abuse that may arise. This will allow for uniformity in dealing with circumstances as they arise, at least in the initial stages.

I personally believe that actions for any given situation should be followed in accord with written guidelines, and no faculty or non-teaching personnel should have the responsibility for making the decisions in the initial stages. I am not suggesting that each case will or should be handled in a clear cut fashion as there will be varying circumstances to consider. What I am saying is that initially all school employees should be aware of what to do in the circumstances we will be discussing.

It should be pointed out that policies will vary from school district to school district depending on the internal, as well as external factors that are present. Examples of internal factors might be:

1. General faculty-student relationships
2. Extent of school health services
3. Potential counseling services
4. Administrative philosophies

External factors might range from availability of competent medical help outside of the school situation all the way to and including the community's representative philosophy (where does it fall on the open-minded, close-minded scale). The presence of external and internal variables I feel justify the need for a joint effort in policy making. In other words, try to develop the most effective policy and do it in such a way that the school board and community will accept.

This next statement may appear to be ambiguous but will be clarified through examples as we proceed. As a general rule, your policy should not be vague to the point of being ineffective, but yet not so rigid that it will not allow for dealing with the very individual circumstances that each case will present.

The following represents circumstances that I feel your school policies should deal with. This list is by no means all inclusive and perhaps in your groups you will come up with additional situations that I have not thought of. I have broken these situations down into two areas, IN SCHOOL CASES and OUT OF SCHOOL CASES.

IN SCHOOL CASES:

1. What are the responsibilities of school personnel who suspect a student of drug abuse?
2. What are the responsibilities of school personnel if a student is found in possession of suspected dangerous drug substances or paraphenalia?
3. What are the responsibilities of school personnel if a student is found selling suspected drug substances or paraphenalia?
4. What are the responsibilities of school personnel who are approached by a student or students seeking help or guidance with a drug

related problem?

5. What are the responsibilites of school personnel if they suspect a student is under the influence of drugs in school?

OUT OF SCHOOL CASES:

1. What course of action will the school district take if one of its students is arrested for alleged possession of dangerous drugs?
2. What course of action will the school district take if one of its students is arrested for alleged selling of dangerous drugs?

Let's take the time now to raise some of the issues and considerations that are involved in each of the situations we have thus far outlined. Our first area of concern, listed under In School Cases, raised the question of "what are the responsibilities of school personnel if drug abuse is suspected?" Initial screening may occur by any faculty member or school employee. Gross behavioral and attitudinal change over a reasonable period of time would be the primary indicator that something was wrong. That something may very well be drug abuse or any other number of difficulties that might be incurred by the adolescent at this time. Under these circumstances drug abuse must certainly be suspected but it should not override the situation to the point where an objective appraisal and ensuing course of action becomes an impossibility. The primary concern for the teacher at this point is uncovering the determinates of the behavioral and/or attitudinal changes being exhibited by the student in question.

After initial observations a teacher might approach the student in such a way that direct confrontation does not occur but rather a demonstration of concerned interest in what is affecting the student's behavior and performance. If the student presents an explanation that is satisfactory to

the teacher (problems at home, late hours, part time employment, etc.), light counseling (amounting to not much more than a receptive ear and a genuine concern), or helpful suggestions might be entirely appropriate and all that is needed at this point. If the teacher is not satisfied, and still suspects drug involvement as the possible problem, the next step will be dependent on that teacher's appraisal of how effective he feels he can be in a counseling situation, based on his existing relationship with the student. If the teacher feels he is capable of pursuing the matter, and working further with the student, I feel most strongly that he should be accorded this option. If the circumstances that are present do not lend themselves to a potentially effective counseling situation, then a referral to school health or counseling services, with appropriate explanations, might be in order. Prevailing policy will then dictate the next step.

It seems we are not raising the question of just how much professional responsibility will be given to the teacher under the circumstances. Will he or she be allowed to initiate dialogue with the student in an effort to resolve whatever difficulties may be present, or will an immediate referral to the school health services be the designated course of action.

Another question to consider in the situation would be what course of action would be appropriate if the student admits to the teacher an involvement with drugs. It would seem the question here is how much flexibility does the teacher have in providing counseling and then making a determination as to whether the situation is beyond his or her professional competence, thus necessitating a referral to more intense counseling or perhaps treatment. The issue to be considered is, if the student has sufficient confidence in a teacher to admit involvement with drugs, should this rapport

be utilized or will it be destroyed by strictures placed on the teacher. This is a situation (confidentiality) that all parents in the district should be aware of, if it is included in the final policy that you adopt.

I feel this point is so important that I implore you to discuss it at length and explore the pluses and minuses of whichever position you finally take very carefully.

For our next area of concern, I have taken the liberty of combining two potential situations that were listed under In School Cases. Since possession of suspected drug substances, as well as selling suspected drug substances have legal implications, I have decided to treat both areas with the same general guidelines. In most of the school drug policies I have reviewed from around the State, I found a good deal of uniformity in dealing with these described circumstances. Let me take this opportunity to outline step by step the general procedures that seem to be most popular:

1. The teacher or school district employee who first comes in contact with the situation will confiscate the suspected frugs and turn them, as well as the student over to the building principal.
2. The building principal or his designee will detain the student in an appropriate place.
3. Parents and/or guardians are to be contacted and informed of the situation.
4. Law enforcement authorities shall be contacted and informed of the situation.**

** Some policies I reviewed indicated that "law enforcement officials should not be allowed to meet with or question students unless the student's parents or counsel are present". I believe that this is a most important item and should be included and rigidly enforced. One policy I evaluated suggested that in situations where law enforcement officials are needed by the school, they should be requested to come in plain clothes in an unmarked car. The rationale behind this course of action is apparent, well founded, and worthy of your consideration for inclusion into any policy you may be developing in the future.

5. The principal will officially notify the superintendent of schools or his designee.
6. If legal questions regarding handling of the parties arise, contact the attorney for the school district.

Some policies went one step beyond the procedures listed above. That additional step stated that "the standard suspension policy shall be implemented at the discretion of the principal pursuant to section 3214 of the New York State Education Law". In cases of possession this allowed the administration the flexibility it needed to deal with individual circumstances. However, in cases of suspected selling, the recommendation for immediate suspension pursuant again to section 3214 of the New York State Education Law was made.

I strongly recommend that in situations involving a possible violation of the penal code, i.e. selling or possessing dangerous drugs or paraphenalia, that there be strict adherance to procedures on the part of school personnel in order that each student is assured uniform and equal treatment. If the previously suggested guidelines were followed, a ready-made conference is present to determine the most beneficial course of action for all concerned. At this point flexibility is built into the precedures and the individual circumstances of the case can now be dealt with.

Our next area of concern has already been dealt with, somewhat, in the section on <u>what to do if drug abuse is suspected</u>. I am treating it separately because I feel it is most important and because you may want to separate the guidelines of <u>employee responsibilites if the student approaches him seeking help or guidance</u> from the section on <u>what to do if drug abuse is suspected</u>.

I feel it is important to keep in mind that the majority of young people who are into drugs in any way, shape or form are not into them to the point where in depth counseling or treatment is necessary. If a student does approach a faculty member seeking help, it indicates that the student has trust and faith in that individual. If this trust is to be used to greatest advantage, then the teacher must not be forced to break the confidence the student has placed in him by reporting the disclosure to the student's parents or school administration. I have assumed this posture based on numerous dealings with parents seeking help in reaching a son or daughter involved with drugs. The most difficult situation to deal with, is the one where the parent is not aware of anyone the youngster respects, trusts, and will listen to. Because of this, I firmly believe that if such a person exists, as demonstrated by a student motivated search for help, this potentially valuable therapeutic agent, must not be destroyed. The light therapeutic counseling (receptive ear) that can take place in the situation may in all likelihood be invaluable, and in essence be all that is really needed in helping the youngster with his or her problems. If the teacher during the initial "counseling sessions" feels that the situation is in need of far more in-depth treatment than he has the professional competence to give, then his relationship with the student during these initial sessions may again prove invaluable in getting the student to seek help from other sources. Keep in mind, however, that while there are many potential benefits from this situation, there are risks associated as well. Again let me restate, because of the potential situations that might develop if your policy will allow the teacher the professional responsibility of making a judgment on an appropriate course of action with an individual

student, it must have the support of the school board, administration, and in particular the residents of the district. Again the need is pointed out for a joint effort in policy development.

I have seen one school policy which requires the teacher to immediately report any contact with students that indicates that drug-involvement is or has been present, to the building principal who would then in turn notify the parents. This would represent a very safe approach in terms of the school district, but would definitely be lacking in the potential benefits to the student that the above described position may have. The decision as to which end of the scale or where on the scale your guidelines will fall rests entirely with you.

The last area of concern I have outlined under In School Cases deals with procedures when a student is suspected of being under the influence of drugs. I have seen two distinct types of procedures in regard to this situation. One directs the individual to contact the school health services immediately for an appraisal and follow-up steps. The other type directs the teacher to make the initial contact to the child's parents, requiring them to come to school, and further requiring them to take the child to the doctor or the emergency room of the local hospital or the school physician for an examination in order to determine what is causing the child's abnormal condition. It is further stated that a doctor's note stating the cause of the child's condition must be presented prior to re-entry to school I have underlined the phrase "abnormal condition" simply to point out that an abnormal condition or behavior is what your concern as a teacher is. Drugs may be the source of the condition or it may be something completely unrelated but what ever it is, your referral is made with the interests of the student, as well as his or her fellow students, being kept foremost in mind.

In the case where the referral is made to the school nurse, the following procedures seem to be used most frequently in the policies I have reviewed:

1. If the school nurse feels that the student may be under the influence of drugs, she will notify the building principal and school doctor.
2. Parental notification will also take place. Some policies have directed the nurse to make this contact, others have charged the administration with this responsibility.
3. In cases where there is strong medical feeling that the student is under the influence of drugs, the school doctor or nurse may suggest to the parents that a blood or urinealysis done at the hospital might be advisable for a complete diagnosis.
4. First aid will be administered to the student as necessary and as prescribed by law.
5. If the student's symptoms are so severe that it would be imprudent to follow the above described steps, he should be transported to the emergency room of the nearest hospital and arrangements should be made for the parents and family physician to be notified.**
6. Notification of law enforcement authorities is optional. It is not required by law under these circumstances and, therefore, becomes a responsibility of the school district in terms of what position they will take in this regard. In one policy that I came across, the following statement was made and is incorrect. "If the

** In situations where a student is on a "bummer" (adverse hallucinogenic reaction), school personnel and/or students in the building with training in crisis intervention would be invaluable.

physician confirms that the student was actually under the influence of illegal drugs, as defined in the State Drug Laws, he is obligated to inform local law enforcement authorities". Subsequent check with enforcement people have pointed out that this is not true.

After the medical situation has been attended to, I strongly recommend that you consider requiring a parent, student, and administrative conference before the student is allowed to re-enter school. At this time the entire issue can be discussed which will in all likelihood serve as the basis for any administrative action that is or is not taken.

Now let me describe briefly some of the concerns in dealing with situations out of school where a student has been apprehended for alleged possession of or alleged trafficking in narcotics and/or dangerous drugs. In cases where a student is arrested for drug possession out of school, the most common statement has been: "...the procedure will be to allow the student to remain in school pending disposition of his case, unless school suspension is an order pursuant to section 3214 of the New York State Education Law.

In situations where a student is arrested for alleged trafficking in drugs out of the school situation it has generally been stated that the principal "shall suspend in accordance with the procedures spelled out in section 3214 of the New York State Education Law".

One policy that I came across combined the two situations and was not as definitive in dealing with the "alleged trafficking" situation. The quote from that policty reads, "When a student is apprehended and charged with the violation of the Federal or State Drug Abuse Laws, the student shall be permitted to continue attending school pending the disposition of

his case by the courts unless conduct or behavior of the student warrants suspension". This does allow a bit more flexibility in dealing with the individual case, but whether or not he would prefer a more definite statement or a more general statement such as this will be your decision. It should be pointed out that all school policies have not included a section dealing with Out of School Situations. Those that have, have used Section 3214 of the New York State Education Law as their basis for course of action.

My preceding remarks have in some cases paraphrased or quoted from existing school policies in this State. Some sections have been original thought and stated personal opinion. My concern has been to present a general organizational structure for developing a school drug policy, as well as raising issues that will have to be considered before final draft is amde. As I have indicated earlier, I feel it is vitally important for procedures to be spelled out precisely in order that effective and appropriate action can take place for the benefit of the student, the general student body, and the school district as a whole. Please make a concerted effort in this difficult task that you have been assigned. Good Luck!

M E M O R A N D U M

TO: Participants in IDEAS October 1971

FROM: Sol Gordon *

SUBJECT: Slide Show: "Flow of Life"

Pharmacists filled more than 202 million legal prescriptions for "psychoactive drugs in 1969. (This figure does not take into account hospitals and other institutions).

Psychoactive (or "mind" or "mood") drugs include anti-depressants, stimulants (amphetamines, "speed"), barbiturates (sleeping pills), and tranquilizers. Figuring a conservative average of ten pills per prescription, this comes to roughly two billion doses of this type of drug per year. These are amazing figures, especially when you consider that this class of drugs cannot cure anybody of anything. Sometimes they make a person feel better while he takes them, but they can't make him better.

When we also consider that there are, according to authoritative estimates, some 28 million persons in the United States with a drinking problem and of these six million are alcoholics (that's about one out of every 33 Americans alcoholic), we begin to realize that overuse of drugs is not confined to young people. Drugs are easily made and easily available, legally and illegally, to almost anyone.

Young people, of course, are acutely aware of this. They see corruption and hypocrisy on every side. They are distrustful of their elders. And their tendency to be better informed about drugs than adults (which isn't saying much) heightens their resistance to "over-scare" tactics.

Many youths tend to see life as a case of "us or them" ("don't trust anyone over 30, over 21, over 18"). Part of the message we would like to get through is that each of them has a future, with many possibilities -- good and bad. In this connection, we would like to indirectly suggest that someone else's hypocrisy need not be a basis for their decisions about themselves.

In other words, any drug program, to be effective, must deal at some level or other with the problems and possibilities of life. After all, people continue to take drugs (especially mood drugs) in response to various important life situations.

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* Sol Gordon, Ph. D., is a professor of Family and Child Development, Syracuse University.

One of the most significant aspects of living is risk-taking. Risk-taking can be either foolish and immature or it can be healthy and fulfilling. Younger children and teenagers are going through important years of learning about risk-taking, among other things. And certainly we must consider risk-taking behavior if we are to deal with drug use by the young.

It is suggested that this short slide show be used to provoke classroom discussion and that for this particular presentation it would be wiser if the teacher did not bring up the subject of drugs. We suspect that this "hot word" will have a tendency to tune kids out of what could be a wide-ranging, free-wheeling discussion about life and its problems. This way the students themselves can make the connection between the thoughts in the show and drugs (a self-discovered insight is the most effective in modifying behavior). Then they can make their own decisions about drugs (They will anyway).

A B S T R A C T

In January 1972 Oxford Books will publish PSYCHOLOGY FOR YOU, a high school text written by Sol Gordon, Professor of Child and Family Studies at Syracuse University's College for Human Development. Two essays -- "Discovering Who We Are" and "The Psychology of a New Experience" will be included in the book.

Sprinkling the informal, first-person essays with personal anecdotes, Dr. Gordon talks about how he sees life. From a psychological standpoint, he gives some "hard-to-follow" advice on what to avoid and on what can be realistically accomplished in a stress situation. Importantly, he indicates that not only can risk-taking be foolish and unhealthy, it can also be necessary, worthwhile and healthy. He points the way to being able to distinguish between irresponsible and responsible risk-taking behavior.

The form in which communication occurs -- personal, formal, or professionally aloof -- is itself part of the communication. Guiding young people in their explorations of themselves and the world can only be done when they agree to listen. With this principle in mind, Dr. Gordon encourages the reader in a "straight-from-the-shoulder" manner to recall and rethink experiences similar to those discussed in the essays. Then, cautioned about what to avoid, the reader is urged to try new experiences -- which might even result in the discovery of some unknown aspect of himself or other people in his life.

DISCOVERING WHO WE ARE

A How Not to Do it Guide to Do
What You Really Want to Do

Everything I feel is important about life at age forty-eight will be squeezed into the next several pages. I like doing this because I have an audience to influence.

Don't trust anyone who says that they are not trying to influence you. Be especially critical of people who claim they are fair, objective, perfectly honest and who start sentences with "To tell the truth." Never, never trust anyone who says, "You can trust me."

Are you angry now? Why should you be? I don't expect you to trust me. And besides I only give advice that people find hard to follow. When is the last time someone said to you "Don't worry!" and you stopped.

I have too much respect for the complexity of personality to expect that people can follow advice. Try these for size:

For those of you worried about gaining weight: Don't eat so much.

For those of you worried about sex: Think of something else.

For those of you who feel life is passing you by: Try to make the most of it.

I think that if people can, in fact, follow your advice, you are insulting them by offering it. The only advice worth giving is advice people cannot easily follow:

Not "advice" like:

Be good
Pay Attention

which is never worthwhile but

wait

Let me make another point first. Behavior based on trust is often a way of avoiding responsibility. If you want to do something, do it as a risk, an unselfish act, an opportunity - but not because someone asks you to trust them. Take responsibility for what you do!

Say, (to yourself) I am telling you (a friend) my innermost secrets because I have a need to tell someone, and because I want to risk the possibility that you may betray me. If you do betray me I will be hurt and disappointed. If you prove to be a good friend I will be joyful. For Pete's sake don't say (or cry) "I told you my secrets because I trusted you." (Or the ultimate immaturity) "Now I can't trust anybody." Translation: I will act as though everybody hates me.

Now get this: I don't expect anyone who has a tendency to "operate" on trust to follow my advice. We all have a tendency to repeat our "mistakes" over and over again. Just because I say "don't" doesn't mean you won't. Life is complicated. Much of our behavior is influenced by forces which we may not even know about or understand. But behavior can be changed if we work at it and we are willing to pay the price for change.

I tell people like I'm telling you now: Don't do anything on trust alone. I expect you to continue to trust but if it doesn't work out you will remember what I said and after more mistakes later you may be able to change your behavior. The price? Change may make you tense, uncomfortable and nervous. It's hard to shift gears. The reason why people overeat is that eating relieves tension. If you reduce your intake you become very anxious. The ability to tolerate the tension is the price you pay for weight reduction.

Sometimes, no matter how much you try and despite your best intentions, you can't modify the behavior you find unacceptable. This is because your personality needs that behavior. It is a defense against some worry or fear that is worse.

> A young man discovers that he does not want to stop stuttering because he needs it so that people can feel sorry for him. No amount of speech therapy will help him until he can gain some confidence in himself.
>
> A mother overprotects her child because she has never felt secure as a mother and if anything happened to the child it would be her fault. Telling her that she is being overprotective will fall on deaf ears until she works out the problem of her own insecurity.

The two examples given above probably illustrate conflicts that often require professional help - a trained social worker, psychologist, counselor or psychiatrist.

So what I am saying is that if you can't work out your problems by yourself or with the help of parents or friends, seek out professional guidance. But (warning) do not respond to your impulse to trust or not to trust the helper. Tell him what is on your mind but:

Do

risk the helper not helping
not understanding
not having the time or interest

Do not

miss out on an opportunity

that

the helper will like you
will help you
change your life

Now I will spend the rest of my pages giving advice to people who can profit from advice that is awfully hard to follow.

Do you find yourself looking for yourself? What does that mean? I am not sure I know but a lot of young people come to me and say they can't find themselves or that life, for them, has no meaning. They want to "get it together" so they go on "trips." Sometimes after these "trips" they come to me and confess, "I've never been so lonely and unhappy in my life." This is what I say: Life is not a meaning. It is an opportunity. Life is made up of a series of meaningful experiences which are often of brief duration.

People who are "messed up" spend most of their time and energy hurting themselves and/or others. Their behavior tends to be involuntary, repetitive and exploitative.

> A kid hooked on heroin lies to friends and parents about how he is going to change. He maintains his habit by stealing and borrowing money which he will never return. He hates himself because he is most hateful to people who care about him.
>
> A girl spends most of her time thinking about all the people who hate her. All the people who are supposed to hate her don't even know she exists.
>
> A boy finds school irrelevant, the world meaningless. He spends most of his time sleeping, not doing his school work, and quarreling with his brother and mother. He is so busy not doing things and fighting that he has no time for friends and pleasure. His current anger is that his parents do not want to reward him for his hostility by giving him a motorcycle (and some "bread" besides) so he can travel around the country "finding himself."
>
> A pretty girl is fed up with all the superficiality in life. She wants to be liked for her own sake. She dresses unattractively, doesn't wash much, and is more or less accepted as one of the boys--but she cannot understand why no boy wants to take her out (but quite a few wouldn't mind sleeping with her).

If you are in a situation that is bad, try to improve or change it. If you can't, it may be because you are too young, too chicken-or the odds

against you (like with some schools and families) are too heavy - then discover strategies of toleration and compromise but:

DON't

PUNISH

YOURSELF

because of someone else's problem.

Pass the course you hate. Why punish yourself twice by having to take it over again.

Do your school work on Saturday and resolve not to do any work on Sunday. Why did you fool yourself in the first place by saying you would work all weekend? Why spoil the entire weekend feeling guilty about not getting down to any work at all?

Agree to take out the garbage when your mother says you should (not, "I'll do it later" because half the time you "forget." Then mother or unfavorite brother does it just as you are about to). The "hassle" afterwards is often twice as bad then if you had submitted to an "irrational" parental demand in the first place.

Don't continue a relationship only because you don't want to hurt the other person's feelings. This is punishing yourself, the other person and gives you a false sense of being a nice person.

Sometimes it is possible to change things (and feel good about it). One group of high school students persisted in their demands for a change in the dress code (and won). Another group "forced" the introduction of Black Studies, another is still struggling for a more flexible curriculum.

The point is feeling rotten about yourself whether expressed in terms of the world is evil, school is irrelevant, or there is nothing to do, is a cop out. It is helpful to no one even if the motivation for your view of the world seems to be sympathy for the poor or opposition to war. Sometimes you can't do much about the "outside world" except wait (painfully) until you have adult "privileges" like voting.

But, the meantime determines very largely what will happen in your future. Waiting until you get to college ("and then I'll study") usually means you won't ever get there or stay very long. Trying to improve a marriage by having children usually ends up making matters much worse. (Who was it who said, "The road to hell is paved with good intentions"?)

It is not difficult to know when you are doing the wrong thing. (You really have to be in a bad way not to know--like a criminal who feels there is nothing wrong with what he does except if he gets caught).

The chances are if you are not doing what is right for you, symptoms, such as listed below, will appear.

Overdependency, overeating, oversleeping, overtalking
Fear of high, low, tight, empty places
Anxiety
Underachievement
Loneliness
Accident proneness
Tension headaches
Sexual hangups, etc.
To say nothing about boasting (what a bore), not having anything to do (what a drag), or not ever enjoying being alone (what a pity).

We all get depressed at times. Sometimes feeling down in the dumps lasts a long time. Professional help may be needed to get out of it but more often than not an opportune phone call and you are in good spirits. Let me, however, suggest a strategy that can occasionally be used to speed up getting back into the swing of things. You are depressed, upset, moody, irritable, bitchy, or whatever. Drink or eat something sweet. It will give you some energy and a feeling of well being. It will rarely last for more than three minutes. You, thus, have a few minutes to learn something. Look up a new work in a dictionary, glance at an encyclopedia, almanac, or one of the news weeklies. Learning something new is very stimulating. The next step is calling someone and having a long conversation or going

out for a walk, run (or getting some vigorous exercise). Before you know it, the down cycle is broken. The more you do, the better you feel. This is especially true of people who spend a lot of time thinking about what they'd like to do or all the things they feel guilty about (or people who are obsessively thinking the same things over and over again). Remember, too, even if you have a lot of insight (self awareness) it is of little practical value unless you can act on it.

Another strategy will illustrate a psychologically sound gimmick that works for "normal" problems of everyday life. Insomnia is a serious, emotional problem which does not permit an individual to sleep at night, but an occasional inability to sleep happens to all of us. Try this (for non-insomniacs).

An evening that you just can't fall asleep--get out of bed and try not to fall asleep. Drink some milk (heated if you can stand it) and then take a liesurely, hot bath (a shower only if a bathtub is not available). Then (very important) read a chapter in an interesting book. Soon you will be very tired and fall asleep. Even if you sleep solidly for only four hours you will be much more rested than if you tossed and turned half asleep most of the night.

You don't have to be a big psychologist to appreciate that the process of not learning is exhausting. Students who don't learn much at school are tired at the end of the day. If you want energy after school activities, learn for your own protection

If you want to know whether you were oversleeping (let's say for twelve hours or more) because you physically needed it or because you were

psychologically afraid to face the next day you can always judge it by whether the "over" sleeping refreshed you or whether you woke up tired as a result.

If you have a persistent, uncomfortable dream or nightmare, your unconscious (or "subconscious") is giving you a message that you have an unresolved conflict. If you resolve the conflict you will no longer have the repetitive dream.

Real guilt can be distinguished from "fake" guilt by how you handle it. Genuine guilt organizes you. It helps you avoid making the same mistake again and has a tendency to make you feel a little better about yourself. Fake guilt encourages a tendency for self pity or a wish for punishment so you can feel free to do it again (to add another dimension). Rational guilt (something you should feel after doing something wrong) is healthy. Irrational guilt (something you feel despite the fact that you did nothing wrong--the worst kind being when you feel guilty about thoughts and fantasies) always makes you feel rotten about yourself and the energy of the rottenness keeps the guilt alive and unwell.

What counts is not what a person says as much as what he does. Sometimes behavior such as forgetting or passivity communicates more hostility than a big verbal argument. "I love you" is worth only as much as how it is expressed in day to day behavior.

Are you still looking for yourself or the meaning in life? I hope so because finding the meaning of life is a life long struggle which consists of trying to put together meaningful experiences. Getting it together is life itself.

There is no way of avoiding tension, upsets and frustrations, but when these become the dominant forces in one's life, then life becomes one big hassle, whether it is expressed in terms of "life has no meaning" or "everybody hates me." People who are striving to find meaning in a mature way are people whose life is made up of meaningful choices. They always have more to do than there is time to do. They have alternatives. They take risks. They can enjoy being alone at times. They know that when it is more important to them to meet the needs of the other person than to satisfy their own, they are in love.

If you don't feel that your life has just been described, work to make it psychologically healthy.

It's hard work. Life is hard work. If you have a genuine problem, the shift from the conflict to a state of health rarely occurs easily or automatically. The shift (the work of resolving the conflict) usually requires boring, mechanical and tension producing efforts.

> If your hangup is studying and it is important <u>for you</u> to do your school work--very seldom would you reach a point when you really feel like doing it. You must do it despite your feeling of not wanting to. Set yourself realistic goals. "I'll study for 30 minutes, then I'll watch TV for 30 minutes, then I'll study for 40 minutes and then I'll eat a snack", etc. "I'm going to study for four hours straight" usually ends up in not studying at all.
>
> If your hangup is being afraid of girls (boys) there is no way you are going to feel comfortable with them without having a lot of experience of being comfortable with yourself first, being comfortable with members of your own sex second and then slowly working through your conflicts with the opposite sex. Upon reaching the third stage you can't help but <u>feel</u> uncomfortable and awkward on your first dates. And unless you <u>are</u> willing to risk rejection, you won't even reach the stage of your first date. What is not often understood is that <u>risking rejection is also risking acceptance</u>.

How you feel about something is no substitute for the hard, anxiety producing and often mechanical work required for problem solving. Spontaneit develops after the conflict is resolved. Spontaneity is seldom the medium for conflict resolution.

This is my personal, direct effort to influence you in a way which encourages you to find yourself:

What is it?

It is
 a guide
how to
 but have you noticed?

No where did I tell you
what to
but rather
how to
find your own self.

If you are curious about how I feel about my own self so far, (remember forth-eight years of age and someone who never asks anyone to trust him) let me use a pro to express it for me:

> "When I take a long look at my life, as though from outside, it does not appear particularly happy. Yet I am even less justified in calling it unhappy, despite all its mistakes. After all, it is foolish to keep probing for happiness or unhappiness, for it seems to me it would be hard to exchange the unhappiest days of my life for all the happy ones. If what matters in a person's existence is to accept the inevitable consciously, to taste the good and bad to the full and to make for oneself a more individual, unaccidental and inward destiny alongside one's external fate, then my life has been neither empty nor worthless. Even if, as it is decreed by the gods, fate has inexorably trod over my external existence as it does with everyone, my inner life has been of my own making. I deserve its sweetness and bitterness and accept full responsibility for it."
>
> From Gertrude
> by Hermean Hesse

But wait, perhaps you would one day like to read one of my favorite novels, all of which have influenced me more than any course I have ever taken in psychology.

Catcher in the Rye	J. D. Salinger
One Flew Over The Cuckoo's Nest	Ken Kesey
Siddhartha	Hermenn Hesse
I Never Promised You A Rose Garden	Haunah Green
Billy Budd	Herman Melville
The Sun Also Rises	Ernest Hemingway
The Razor's Edge	Somerset Maugham
Severed Head	Iris Murdock
The Chosen	Chaim Potok
Dawn	Eli Waisel
The Stranger	Albert Camus
Crime and Punishment	Feador Dostoyevsky
Three Lives	Gertrude Stein
Another Country	James Baldwin
The Favorite Game	Leonard Cohen
The End of the Road	John Barth

Let me just add! Go find yourself.

THE PSYCHOLOGY OF A NEW EXPERIENCE

"Unexpected travel suggestions
are dancing lessons from God."

-- Kurt Vonnegut

Sometimes I think our world is full of weirdos who claim to have solutions for everybody else's problems. With all the people offering us happiness by reading certain books, eating certain foods, believing certain prophets, or watching certain stars, it's little wonder that life remains full of uncertainties. Often I wonder if each human being isn't so mixed up that he must put a lot of energy into getting himself together. The less together he is the more of his time is spent unproductively being angry. He is too angry for love or new experiences.

Life is funny sometimes. If you want something done, you ask a busy person to do it. If you need support don't ask it from someone who can't support himself. People who hate themselves hate a lot of people in the process.

It took me a long time to discover this. I remember a day of terrific insight -- sitting around a pool and "rapping" with a friend. What a time we had. We spent four hours talking about all the people we hated, until it dawned on us -- all the people we hated were having a good time swimming and loving while we were talking about them. What a waste of time.

Psychology opens up the world -- our dreams, our fantasies, our wishes, and our experiences help us in the never ending process of

defining ourselves. If our definition excludes fantasies or the awareness of the infinite number of possible events, opportunities and knowledge of our life is boring and tiring. If our life is dominated by self-doubts, fears or compulsions, we become too busy protecting, hiding, or kidding ourselves, to do our own thing. The things we do tend to be self destructive or exploitative. And if people also have to worry about being poor or being a victim of discrimination, it really is rough. People who know they are victims are seldom nice people. The victimizers spend a lot of energy trying to be nice people but never succeed.

I don't know if what I have just written is true but that's the way I feel. I feel life is complicated. Life is not a meaning but an opportunity (at least it should be) to make life into meaningful experiences. But getting your life together does not mean that you can't enjoy contradictions, or unrelated and isolated experiences. Sometimes I meet someone for a brief moment and it's love at first sight, knowing full well I'll never see that person again. Sometimes I think about being a poet--and even write a lot of poems, knowing full well that I am not a poet. I sense that poets write poetry and are serious and I write poetry and I am not serious.

But that doesn't mean that I am not a photographer. I don't know much about photography but the idea fascinated me and I set out to express the fascination by taking fascinating pictures. The result: a new experience. Now I take photographs for pleasure but does it mean that I am not a photographer because no one will buy my pictures or will give me a diploma? Perhaps...

I never thought I could write. But after a Mississippi interlude I wrote about it. Here is an excerpt:

> I have been around enough psychologists to know that most of us have three main (secret) ambitions in life. The first is to write a novel: the second is to be a hero: and the third is to be able to exchange, at will, one set of neurotic symptoms for another. Any psychologist who would like to enjoy an instantaneous illusion or realizing all three ambitions should spend a summer in Mississippi.
>
> Upon arrival in Jackson, you feel like a hero (albeit in search of an heroic situation): and on your way to the Delta, your mind is pregnant with your novel. (I remember the first sentences of my "autobiographical" novel. I thought about writing something that psychologists would enjoy, something that would lend itself to "interpretation" and would readily be misunderstood). Within twenty-four hours (unfortunately and whether you like it or not), whatever symptoms you start out with are traded in for paranoia.

I got a lot of praise for it. I'm not sure why--but suddenly I write. Maybe I am not a writer, but who cares? I like got the point and hugged me when we met. What do I care if that makes me a hugger or a writer?

I remember surviving my high school days by day dreaming a lot. It was the only relief I had from hating everything. (I was really messed up when I was a kid). But you know I feel younger now than I did in those days. I do a lot of things and I am very seldom tired--it's weird in a way. In those days I hated:

French
Geometry
Algebra
Shakespeare
Music
Art
Literature
History
Social Science
People and
Teachers.

I day dreamed and read a lot of books that had sad endings.

Later, much later, when I was in France I was mad that I didn't know French. Later, even later than I care to admit I was tricked into seeing a Shakespearean play and I loved it. A new experience: Now I "trick" people into having new experiences whenever I can.

I'm real mean. When I was teaching high school I assigned new experiences. Get a load of this: An Assignment:

> You are required, in order to pass this course, to have several new experiences (sheer blackmail).
>
> Write a brief psychological report on three new experiences. Choose from the following list:
>
> 1. Read (not just look at) Playboy magazine.
> 2. If you are a conservative, read from cover to cover The New Republic.
> 3. If you are a liberal, read from cover to cover, the National Review.
> 4. If the only time you've ever been to an art museum is when the school dragged you into one--visit a large art museum and spend your time trying to figure out why people visit art museums voluntarily. Even go so far as asking a stranger who seems to be enjoying the experience.
> 5. Go to a ballet.
> 6. Get through an entire opera like Aida.
> 7. Get ahold of a Sunday New York Times and spend four hours finding out why it is America's most prestigious newspaper.
> 8. If your everyday personality is grumpy, spend a whole day being nice to people.
> 9. If you have not been getting along with your parents lately try being polite for two days. (Politeness is the best way of achieving a little distance--it is a preliminary in getting closer or further away).
> 10. If you have the philosophy that people should love you for what you are and not how you dress or act--try acting and dressing conventionally for a week and note carefully the responses you get from people you assumed shouldn't care.

Got the message? Whatever you decide to do with your life--decide on the basis of a wide range of alternatives. New experiences help you make your choice. Don't decide in advance about all the things you hate and will always hate.

Look at all the new things you can try if you feel struck:

1. Keep a diary.
2. Remember dreams.
3. Learn a new word each day.
4. Photograph trees.
5. Write one poem.
6. Write two poems.
7. Fly a kite.
8. Say hello to a person you think you should hate.
9. Decide on a country to visit in Europe. Read all about it first and then figure out how you are going to get there.
10. Read a short book like Love Story by Segal. And try to figure out why I (or you) liked such a corny book.
11. Write me a letter.
12. Write a letter to someone you owe a letter to.
13. Go see a foreign film.
14. See a Chaplin film.
15. Figure out whY some people think Andy Warhol is a genius and some people think he is cracked.
16. Fall in love with someone you love, or dream about it, or write about it.
17. Read "The Whole EARTH Catalogue."

People who are bored are boring. People who are down on themselves are boring to be with.

Live a little.

Here are some things I love in life (a partial list including Freudian slips):

Danes
The Declaration of Independence
Marc Chagall
Chocolate cake
Some students
The Sunday New York Times
Money that's for spending, and not saving in the bank for my old age or my wife's old age or my son to inherit
My wife (who is Danish)
T. S. Eliot
Leonard Cohen
The New York City Ballet and all other ballet companies that are almost as good as the New York City Ballet
Mozart
Elie Wiesel
What used to be the Beatles (but since they broke up and began to act like people, I have second thoughts. So I really should have written the Old Beatle records).
Syracuse (the University, not the climate)
San Francisco but Jerusalem even more
Israel in general
London in particular
A bunch of people who remain unnamed
Being funny (sometimes)
Getting high without drugs
Chicago when the wind doesn't blow
The Mississippi River and a certain restaurant that overlooks it
Hot baths

People always ask me at parties if I read minds. I always answer, "Yes. I don't."

FINAL EVALUATION OF SIX WEEKS IDEAS PROGRAM

TOTAL SAMPLE - 510 PEOPLE

1. How well did the instruction of the week's institute accomplish its goals?

Very Poor	0 %
Poorly	1 %
Adequately	10 %
Well	49 %
Very Well	39 %
No Answer	1 %

2. What comments (positive or negative) can you make about the instruction?

Nothing New	1 %	Very Dull	0 %
A Few New Ideas	3 %	Not Too Interesting	3 %
Some New Information	11 %	Adequately Interesting	8 %
Informative	42 %	Usually Interesting	78 %
Highly Informative	42 %	Always Very Interesting	8 %
No Answer	1 %	No Answer	3 %

3. How could this institute have been improved?

Much Shorter	2 %	Fewer Lectures	24 %
Slightly Shorter	27 %	More Lectures	6 %
No Change in Length	48 %	Fewer visual aids	10 %
Slightly Longer	18 %	More Visual Aids	30 %
Much Longer	2 %	No Visual Aids	0 %
No Answer	3 %	No Answer	30 %

4. What did you derive from the Institute that will be of value to you?

		Little	Some	Much
(a)	Information	1 %	27 %	72 %
(b)	New Experience	5 %	35 %	60 %
(c)	New Understanding	5 %	29 %	66 %
(d)	Improved ability to relate to students	15 %	50 %	35 %
(e)	Increased sensitivity to youth	15 %	44 %	41 %
(f)	Increased understanding of the drug dilemma	4 %	25 %	71 %
(g)	Increased understanding of the youth culture	16 %	51 %	33 %
(h)	Attitude change	15 %	59 %	26 %
(i)	Nothing at all	0 %	0 %	0 %

5. Was the program administered well?

Yes	63 %
Excellent	11 %
Fairly Well	16 %
Fair	7 %
No Answer	3 %

DRUGS AND THE LAW

Thomas J. Maroney*

I. The Drug Problem: Youth, Authority and Harmful Substances

No consideration of drug use and abuse would be complete without an examination of one of the most crucial and vexing aspects of the problem - the relationship between drugs and the law. That relationship will be examined after a brief prefatory discussion of the societal setting in which drug use and the law interact.

A. An Historical Perspective on the Drug Problem

The contemporary drug problem revolves to a great extent around the relationships between youth and authority and youth and harmful substances. It may help us keep the present problem in perspective to view today's drug use as a reflection of relationships that are age-old.

The relationship between youth and authority has never been an easy one. A 4,000 year old Egyptian hieroglyphic, recently discovered said: "Children no longer respect their parents." And in ancient Greece, Socrates lamented that the youth had lost its respect for the law, for man and for the Gods. For more modern examples, music fans may recall the catalog of youthful irresponsibilities and evidences of lack of respect for authority found in the song "You Got Trouble" from the play and motion picture "The Music Man". And the reader, whatever his age, can search his memory for his own (or his children's) youthful transgressions against authority.

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Similarly, there is a long and illustrative history in the relationship between man - including youth - and harmful substances. A recent study by an Australian psychiatrist, Dr. D.S. Bell, reveals that opium, marijuana and cocaine were almost certainly known to Stone Age peoples and that ways of cultivating and preparing opium, as described by the Sumerians on stone tablets in 7,000 B.C., were substantially the same as those used today. Furthermore, Dr. Bell reported that epidemics of drug addiction such as the world is now experiencing have repeated themselves down through history. One specific example of what Dr. Bell describes can be drawn from ancient China. As Norman Taylor points out in "Narcotics: Nature's Dangerous Gifts", the ancient Chinese were startlingly modern about drugs and medicines. In about 2737 B.C. the Emperor Shen Nung wrote a pharmacy book which contained a quite sophisticated explanation of Indian hemp. For more modern examples, the reader may again call to mind "You Got Trouble" from "The Music Man". Also instructive is a survey taken of the Yale University Class of 1873. Of 114 men in the class (in those pre-women's - liberation times), 62 drank alcoholic beverages, over half the class smoked and 16 even chewed tobacco. Parents and school authorities especially, may be amused to know that 76 of the class said they had worn some form of beard or moustache, 92 were poker players and various members of the class spent their time "sleeping, loafing, drinking beer, fighting with girls, and camping out with girls". Finally the reader can examine his own (or his children's) attraction toward substances of varying degrees of harmfulness.

B. Drug Education and the Generation Gap.

None of the above is meant to condone drug use in any form at any time by anyone. Indeed the harm to individuals and society from drug abuse is self-evident. The historical background is simply an attempt to establish a common perspective for some very diverse readers. One of the difficulties in attacking the drug problem is an education gap. And one of the difficulties in closing this education gap is the existence and breadth (especially concerning drugs) of "The Generation Gap".

The Gereration Gap is hardly a new phenomenon. As John Kaplan writes in "Marijuana - the New Prohibition", conflict between the young and old is an attribute of all but the most stagnant societies. The cleavage is epitomized by countervailing cliches. The oldster longs for "the good old days" as the youngster retorts that "you just don't understand". Each may be partially correct. In any event the relationship today, as revealed especially by attitudes toward drugs, is different, more strained. Kaplan says:

> It is hard to escape the feeling that today's conflict between the young and the old over methods and expressions and values is deeper, more pervasive and more emotional than in any previous era in our memory.

As an example, one can contrast the attitudes of the Amherst College class of 1959 and the late Janis Joplin toward drugs.

A portion of the Amherst class of 1959, as Kaplan reports, was polled at its tenth reunion in 1969. Those polled took, by a substantial margin, "progressive" or "liberal" attitudes toward a number of

social issues. There was one exception, however, and that concerned the use of marijuana. Those present stood 76 to 50 against relaxing marijuana laws. Contrast their stance with that of the late Janis Joplin. Somtime before her death, the cause of which was ruled to be an accidental overdose of heroin, Joplin was asked what she wanted out of life. Her reply was straightforward:

> To be stoned, staying happy and having a good time. I'm doing just what I want with my life, enjoying it.
> When I get scared and worried, I tell myself, 'Janis, just have a good time.' So I juice up real good and that's what I have.

From this comparison it should be obvious that very different values are held, even by people only a few years apart in age. As Kaplan states, by reference to the music revolution, "The distance between the Kingston Trio and the Beatles, though just a few years in time, is great indeed." How much greater the distance between the Beatles and Lawrence Welk. And how great the need for all generations to be flexible and to work together toward a common goal of adequate drug education.

II. The Law - Defined and Explained

Explaining "The Law" to non-lawyers is often not an easy task; in this instance it is further complicated by the readers' diversity. Some may have known and long since forgotten certain fundamentals about what law is, the sources from which it is derived and how it is actually applied. Others may not yet have been exposed to such concepts. Thus a primer on "the law" should aid all in understanding the discussion in Part III of drug laws and laws on drug-related problems likely to be

encountered in the schools.

A. "The Law" Defined and Characterized.

For our purposes "law " can probably be defined simply as the body of rules governing the affairs of man within a community. It comes in a number of varieties: (1) "common law", that is, law made by judges; (2) "statutory law", that is, law made by legislators; and (3) "constitutional law", which is probably most accurately viewed as a limitation upon the two other types of law. Thus in some instances judges are competent to make law by themselves. An example of this judge-made "common law" is the legal principle in contract law that (with certain important exceptions) a legal contract does not have to be in writing. In other instances the legislature is competent to make law. An example of this legislatively made "statutory law" is a law passed by the New York State legislature which makes it a crime to possess even one marijuana cigarette. Whether a law is "common law" or "statutory law" it may be that there is some "constitutional law", or more accurately, constitutional limitation, which makes it invalid. Examples of these constitutional limitations are the ban on unreasonable searches or seizures and on the taking of someone's property without due process of law. As the discussion below will show, drug laws are "statutory laws" and there probably are not many constitutional limitations upon them.

In addition to the above definitions, it may be useful to give some characterizations of the law. Law is a very human system which works better on some occasions than on others. Not surprisingly, people's estimates of the law and its performance have varied widely. Sir Edward

Coke, a prominent English lawyer and judge once said, "Reason is the life of the law...Law...is the perfection of reason." Coke's fellow Englishman Charles Dickens did not think so highly of the law as some of his novels reveal. In "The Pickwick Papers" the character Mr. Bumble refers to the law as "a(n) ass, a(n) idiot". These contrasting points of view are helpful in reminding us that although we have "a government of laws", the laws are created and applied by men and women.

B. The Creation and Application of "the Law".

1. The Source of the Law.

It can be said that in a constitutional democracy such as the United States, the people are the source of the law. The documents upon which our system of government was founded make this clear. The Declaration of Independence says that, "To secure these rights, governments are instituted among men, deriving their just powers from the consent of the governed." And the Preamble to the United States Constitution says that "We the people...do ordain and establish this Constitution for the United States of America."

Since the people are the source of law and the legislators are their representatives, it should be clear that the legal process is not a science and that the legal system is not a computer which can be programmed to spew forth mathematically exact solutions to society's thorny problem. Mr. Justice Oliver Wendell Holmes, Jr. was ahead of his time in recognizing this reality. In 1881 Holmes said:

> The life of the law has not been logic: it has been experience. The felt necessities of the time, the prevalent moral and political theories, intuitions of public policy, avowed or unconscious, even the prejudices which judges share with their fellow-men, have a good deal more to do than the syllogism in determining the rules by which men should be governed.

The law, Holmes continued, "Embodies the story of a nation's development through many centuries" and thus "it cannot be dealt with as if it contained only the axioms and corollaries of a "book of mathematics."

2. The Process of Creation.

Since the law in Holmes' words, "is not a brooding omnipresence in the sky" it falls to human beings to attempt to fashion legal solutions to society's problems. The primary focus of this activity is in the legislatures, at the federal and state levels. The legislator in performing his task is moved - consciously or unconsciously - by a number of influences. Two of the most crucial are mores and politics. Before discussing these two influences, it should be noted that the legislator's being so moved is an inevitable and - assuming the legislator's integrity - perfectly proper aspect of the legislative process.

a. The Passage of New Laws.

The first stage at which mores and politics may come to bear is in the passage of new laws. At this stage social mores - the community's moral attitudes - may lead the members of the legislature to outlaw certain conduct. The community's moral judgement that certain conduct is undesirable thereby becomes the government's judgement that such conduct ought to be forbidden. Examples which come immediately to mind are the use of alcohol and the use of other kinds of drugs. In

the words of William Eldridge, author of "Narcotics and the Law", "It must be recognized that ultimate philosophical and religious tenets play a large part in the social judgement concerning narcotics."

Politics may also influence the legislator in his task of passing new laws. Election campaigns reveal the impact of politics especially upon criminal laws. It never hurts a candidate to be against crime and in favor of "law and order" as the 1968 campaign illustrated. In the wake of the campaign came new restictive federal and state criminal laws.

Eventually the conscious and unconscious melding of mores, politics and other factors results in legislation, which if approved by the chief executive officer, becomes a law. After the law takes effect a question may arise whether it violates any constitutional limitation. For example, someone arrested under a certain law may claim as part of his defense that the law in unconstitutional. As noted previously, even a statutory law which the Legislature has the unquestioned power to pass may be invalid if it violates a constitutional limitation. If a question of constitutionality is raised it is to be resolved by the courts (up to and including the United States Supreme Court) and the process is referred to as judicial review.

In reviewing legislation for constitutionality, the courts begin with a presumption which may or may not hold up. Courts presume that a law passed by the legislature represents that body's rational judgement as to a proper solution to a particular problem, in light of the information available to the legislature when the law was passed.

Not the only solution; not necessarily the best solution; merely a proper and "rational" solution. A shorthand formulation is to say that the courts will presume that "whatever legislative choice is rational is constitutional".

The determination of which choice is rational and which is not, is hardly a predictable process. Consider, for example, the classification of marijuana. Suppose that a state legislature passes a statute which classifies marijuana as a narcotic. Since narcotics are generally agreed to be highly dangerous substances, narcotics offenses, including marijuana offenses, would be treated as quite serious crimes and offenders punished accordingly. Someone arrested for a marijuana offense in this situation would probably argue that the law is invalid; that it violates a constitutional limitation; that it is not based upon rational judgement since, pharmacologically speaking, marijuana is not a narcotic.

The illustration is not a hypothetical one; at least two recent cases have involved this very issue of marijuana classification. The decisions of the courts are flatly inconsistent. The first case, known as Rener v. Beto, 447 Fed 20 (5th Cir. 1971) involved a Texas law against the possession of a narcotic drug. The definition of "narcotic drug" included marijuana. Rener was convicted of violating this law because he had in his possession a single marijuana cigarette. (He had tried unsuccessfully to swallow it when approached by two policemen.) Since it was his second marijuana offense, Rener was sentenced to thirty years in prison.

As his defense, Rener argued that the classification of marijuana as a narcotic drug was not a rational legislative choice and that the law violated two constitutional limitations, the Due Process and Equal Protection clauses in the United States Constitution. The court rejected his argument. The court said that it was not its job to decide whether the classifications in the law were wise or desirable. It said that, "Legislatures have been given wide powers of discretion when it comes to classifications in the adoption of police laws and it is limited only when such classification is without any reasonable basis." The court then reviewed the arguments of Rener and the State of Texas as to whether marijuana was in fact a narcotic in a pharmacological sense. The court did not specifically rule on that point. It simply upheld the law, stating, "We are unable to say that the Texas legislature acted arbitrarily and without a reasonable basis when it classified marijuana, together with addictive drugs, as a narcotic." Incidentally, the court also upheld Rener's sentence.

The second case, known as People v. McCabe, 10 CrL 2074 (Ill. Sup. Ct. 1971) involved an Illinois law which classified marijuana as a narcotic drug. The significance of the classification lay in the punishment provisions. The penalty for a first offense of selling a narcotic drug (including marijuana) was a mandatory minimum ten year sentence. In contrast the penalty for a first offense of selling a stimulant or depressant drug was a maximum, non-mandatory, one year sentence.

As his defense McCabe argued that the classification of marijuana as a narcotic drug, especially in light of the disparity in sentences for narcotics offenses on the one hand, and stimulant and depressant offenses on the other, was not a rational legislative choice and violated two constitutional limitations, namely the Equal Protection clauses of the Illinois Constitution and the United States Constitution. The court agreed.

Excerpts from the majority opinion and two dissenting opinions show the contrasting judicial approaches to determining "rationality". The majority said:

> If any state of facts may reasonably be conceived which would justify the classification, it must be upheld...We are aware that any compilation and examination of materials cannot comprehend all studies that have been made We know, too, that knowledge in this whole area is not nearly complete. We proceed not to determine scientific questions, but to judge whether the data presently available provides a reasonable basis for the described classification of marijuana....The consideration of this data, of course, will not extend to the wisdom or unwisdom of the legislative classification. We confine our examination to the question whether the challenged classification can be supported on any rational basis....The consensus is that although marijuana has been commonly associated with the opiates, such as morphine and heroin, there are important differences between the so-called abuse characteristics of the two. Heroin and morphine are true narcotic analgesics in the sense that their use produces a marked indifference to pain.
>
> Cocaine, which is placed with marijuana and the opiates in the Narcotic-Drug Act, is a powerful stimulant, whereas the morphine-type drugs have a depressing action. Too, cocaine is further unlike the opiates in that it does not have effects of tolerance or physical dependence and abstention does not cause acute withdrawal symptoms. However, because of its potent nature, it induces intense physical and mental excitation and a marked reduction in normal inhibitions which often results in aggressive and even violent behavior. Intense hallucinations and paranoid delusions are common and, because of this, cocaine users frequently attempt to dilute the experience with a depressant such as heroin or morphine.

The properties and consequences of the use of marijuana differ from those attending the use of opiates or cocaine.

Almost all authorities agree that marijuana is not a narcotic or addictive in the sense that the terms are precisely used. Unlike the opiate drugs, it does not produce a physical dependence, and upon abstention there are no withdrawal symptoms. A tolerance to the drug does not develop.

The depressant and stimulant drugs within the Drug Abuse Control Act includes the barbiturates (depressants), the amphetamines (stimulants), and the hallucinogens. The drugs psilocybin, peyote, mescaline and what is commonly called LSD are examples of the hallucinogens. Frequent use of the barbiturates at high dosage levels leads invariably to the development of physical dependence, tolerance and severe withdrawal symptoms, similar to those associated with heroin use. The effects of barbiturate intoxication resemble those of alcoholic intoxication....Accidental death from an overdose also can occur.

The consensus of the amphetamines (stimulants) is that, unlike the barbiturates, their abuse does not lead to a physical dependence, but the development of a high tolerance and a strong psychological dependence are common.

Special mention should be made of one particular amphetamine, methamphetamine, commonly called "speed". Its effects are generally the same as other amphetamines, only markedly intensified. There is evidence that large doses result in permanent brain damage. The drug's lethal qualities are well documented. The potential for violence, paranoia and physical depletion are substantially more severe.

As with marijuana usage, a true physical addiction does not occur with LSD, in that withdrawal effects do not follow abstinence. Frequent use of LSD will lead rapidly, however, to the development of a high tolerance. Psychological dependence develops as it does with exposure to almost any substance which alters the state of consciousness. During LSD-intoxication severe panic and paranoid reactions are encountered.

Against this background of comparison one would conclude that neither the chemical properties of the drugs nor their effects on the behavior of the users provides any justifiable or reasonable basis for the sharply disparate penalties which are imposed for a first sale of marijuana and for a

first sale of a drug under the Drug Abuse Control Act. Too, the consequences of abusive use of marijuana certainly appear not to be comparable to the demonstrated and profound ill-effects of opiate or cocaine addiction. Marijuana, in terms of abuse characteristics, shares much more in common with the barbiturates, amphetamines, and, particularly, the hallucinogens than it does with the "hard drugs" classified in the Narcotic Drug Act. Marijuana does differ from the barbiturates and amphetamines in that it has no established medical use, but neither do LSD, peyote, or mescaline. Thus, one cannot reasonably distinguish marijuana from the substances under the Drug Abuse Control Act on this basis.

Nor is there any reasonable basis for placing marijuana under the Narcotic Drug Act and not under the Drug Abuse Control Act because of any compulsion to abuse. The compulsion associated with marijuana has been described as moderate or mild. The same is true of the amphetamines. The opiates and cocaine, on the other hand, have a maximal compulsive quality in this regard. Barbiturates, too, have this quality. Thus, in this respect, marijuana is dissimilar from the other drugs in the Narcotic Drug Act. Indeed, from this limited standard of comparison it is the barbiturates under the Drug Abuse Control Act, and not marijuana, which approximate the characteristics of the true narcotics.

Another factor which has been frequently advanced to provide a justifiable basis for classifying marijuana under the Narcotic Drug Act rather than under the Drug Abuse Control Act is that the use of marijuana progresses to heroin use and addiction. This thesis, once broadly entertained, has recently encountered serious challenge. Today it is reported that the vast majority of marijuana users do not graduate to the use of heroin. .Whatever can be said of marijuana use leading to the use of other and so-called harder drugs can be applied, and to a probably greater extent, to barbiturates, methamphetamine and LSD.

The thesis that marijuana use, as does the use of the opiates and cocaine, leads to criminal activity cannot provide a basis for distinguishing marijuana from the depressant and stimulant drugs or the hallucinogens.

Observations to be drawn on marijuana are that it is not a narcotic and it is not truly addictive Its use does not involve tolerance, physical dependence or the withdrawal syndrome. Physical ill effects from its use are, so far as

> is known, relatively moderate. Its abuse does not have the profound and ill consequences observed in the use of some of the other drugs considered. Its use does not singularly or extraordinarily lead to opiate addiction or to aggressive behavior or criminal activity.
>
> Against the entire background of the drugs considered we judge that the classification of marijuana under the Narcotics Drug Act rather than under the Drug Abuse Control Act has been arbitrary....We do not find a rational basis for the classification, a consequence of which is that one first convicted of the sale of marijuana must without qualification receive a sentence ten times greater than one permitted to be imposed on one convicted for the first time of a sale of drugs under the Drug Abuse Act....The present classification of marijuana offends the equal-protection clause of the United States constitution and our new constitution of Illinois and was in violation of section 22 of article IV of the former constitution of the State.

In concluding its opinion, the majority noted that it was aware of decisions such as Rener v. Beto and disagreed with them.

Two judges dissented and each wrote an opinion of his own. The first dissenting judge said:

> Since the majority concludes that the inclusion of marijuana in the Narcotics Drug Act is an unconstitutional classification, it is necessary to state my....disagreement with that conclusion. Defendant concedes that when the first Illinois drug act was passed in 1931, the combining of marijuana with "hard drugs" seemed to be legitimate, and that if only "hard drugs" were prohibited in Illinois, it still might not be irrational to put marijuana in that category. Defendant contends, however, that after the legislature created a second and lesser category of prohibited drugs by enacting the Drug Abuse Control Act in 1967, it was no longer rational to continue "to assign marijuana to the category with which it has much less in common, rather than to the category with which it has much more in common."
>
> Medical and scientific opinion is even now by no means unanimous in condemnation of classifications of marijuana with "hard drugs" and, as the majority notes, "knowledge in this whole area is not nearly complete." In the absence of more nearly conclusive evidence that the legislative judgement was devoid of any rational basis, a finding of unconstitutionality is unwarranted, for few rules of law are

> more soundly bottomed than that which proscribes judicial interference with legislative discretion.

The second dissenting judge said:

> The majority opinion does not focus on what I consider to be the critical aspect of the question of classification. The majority is concerned with characteristics of the various drugs discussed and their effects on the human body and behavior pointing out similarities and differences. I do not consider these comparisons important. Instead we must be concerned with the purpose of the classification and the problems the legislature was attempting to alleviate thereby....The legislature was not attempting to classify drugs of similar characteristics and effects but was attempting to classify these drugs for the purpose of combating the social evil found in the illegal sale, possession and use of the same.
>
> The conclusion of the majority ignores the fact that traffic in marijuana had been a social problem of sufficient magnitude to warrant legislative action for many years. Material submitted with the briefs indicates that although a relatively small percentage of marijuana users become addicted to the so-called "hard drugs" a high percentage of "hard drug" addicts first became acquainted with the use of drugs through the use of marijuana....
>
> The defendant's brief has also focused on the characteristics and effects of the various drugs and has ignored the problem-to-be solved approach. The burden is on the defendant to present evidence which shows that the apparently reasonable basis for this classification does not exist....The defendant has failed to produce any evidence concerning the nature of the traffic in the various drugs or the need to control the same. The presumption of the validity of the classification must therefore prevail.

b. The Modification or Repeal of Existing Laws.

A final note about the impact of formative influences on the legislator. They also come to bear at the stage when modification or repeal of existing statutory law is being considered. Drug laws are a good example. Increasingly, proposals are being made to ameliorate

drug laws, especially concerning first offenses involving marijuana. Such proposals are subjected to the influences of mores and politics and often suffocated in the process. As Kaplan noted in "Marijuana: the New Prohibition", "It is clear that moral opposition to a life-style inhibits any change in the marijuana laws."

3. The Application of the Law.

Once a law has been properly enacted and has passed constitutional muster, if such a challenge is made, it must be enforced. The law enforcement process operates in essentially two stages: non-judicial and judicial. Though sequential and different in form, both stages share a common characteristic. At neither stage is the process inexorable: on the contrary, it is flexible and discretionary. This flexibility is essential for the operation of any legal system. But it presents possible dangers, especially with regard to non-judicial law enforcement, which is in the hands of the police.

a. Non-Judicial Law Enforcement.

Although we desire equal application of the law, in candor it must be admitted that the actual application of the law may sometimes vary with the views that society and the police officer hold toward an offense or an offender. The variation takes the forms of non-enforcement, selective enforcement or zealous enforcement. Non-enforcement means that a valid statutory law is seldom if ever enforced. Adultery is a particularly clear example. It is common knowledge that, although adultery is and has long been a crime in New York State, the

adultery law is almost never enforced. The writer has never, in his personal experience or in conversations with other attorneys, heard of an arrest (or prosecution) for adultery in this state.

Selective enforcement means that a valid statutory law is enforced solely or at least primarily against a certain segment of society. The enforcement of the flag desecration law is an example. In recent years in many areas of the country flag desecration laws have been enforced against young adults at the same time as business firms using flags in advertising were not being proceeded against. In a number of instances with which this writer is personally familiar the young adult should never have been charged and the business firm just as certainly should have been.

Zealous enforcement is often carried out in conjunction with selective enforcement and means that valid statutory laws are enforced in a hyper-intensive fashion. Any conceivable ground for arrest is used in every arguably proper instance. Flag desecration could again be used as an example. Every symbol, design or representation which might conceivably be taken to be a desecration is used as the basis for an arrest, even though the law was obviously not intended to be applied in such a fashion.

The vagaries of non-judicial enforcement are illustrated not to denigrate law enforcement officials but simply to stress that the unjust exercise of police discretion can breed disrespect for the law and thus further complicate the task of solving difficult social problems.

b. Judicial Law Enforcement.

The second stage of the law enforcement process can be termed judicial and begins after an arrested person is first brought in to court. This stage of the process is also, to some extent, flexible and discretionary. It is first in the control of the prosecutor (district attorney) and eventually in the control of a judge and jury. The prosecutor must first decide exactly what crime a person is to be charged with and in some instances must submit his case to a grand jury for an indictment. Some time thereafter he must either obtain a guilty plea or submit the case to a court and jury in an attempt to obtain a conviction. To obtain a plea he may quite legitimately agree with the accused person's attorney to allow the accused to plead guilty to a less serious offense than that originally charged.

If no such arrangement can be arrived at, the case goes to a judge and jury. The jury is to decide guilt or innocence by first determining the facts of the case and then applying the controlling law to them. Its task is not nearly so simple as this description makes it sound. Nor is it so detached and mechanical. The jury is not only trier of fact; it is also to some extent "the conscience of the community" and its decision will usually reflect its hybrid nature. One notorious example was the performance of large city juries during Prohibition. In some instances they simply would not return guilty verdicts in liquor violation cases. Their sympathies too obviously lay with the accused.

If the jury does find the accused person guilty it is usually the

judge's function to impose a sentence. With some important exceptions, the judge normally has a great deal of latitude in sentencing. Needless to say fair and sound sentencing decisions are required if there is to be any prospect for rehabilitation of those convicted of crime.

III. The Law of Drugs.

The foregoing societal background and legal primer form the underpinnings for the discussion herein of drug laws. The origin, evolution and current state of American drug laws will be summarized, followed by an analysis of New York State drug control laws and laws governing drug-related problems which may arise in the schools.

A. American Drug Laws.

1. Origin.

American drug laws are a twentieth century phenomenon, although drug abuse problems were evident in the latter half of the nineteenth century. Examples include narcotic addiction stemming from the administering of pain-killing drugs to military personnel wounded in combat; opium smoking among Orientals in San Francisco; and drug problems caused by the consumption of patent medicines. The impetus for drug control laws came from a 1912 treaty whereby the United States obligated itself to control the domestic sale, use, and transfer of opium and cocoa products. Two years later federal drug laws were passed and eventually the states also passed such laws.

2. Evolution and Current State.

Despite the obvious risks, two generalizations can fairly safely be made about the drug laws passed up until the past few years. One is that they were sometimes based upon misinformation or incomplete information on some critical points. The other is that the laws were of a decidedly punitive, almost vindictive cast. More than one drug law was based upon shaky premises about drug taxonomy; the effect of various substances upon mind and body; the actual extent of drug use; or, the effectiveness of harsh legal sanctions. To illustrate: William Eldridge in "Narcotics and the Law" shows that although Michigan (as of 1962) believed strongly in severe mandatory sentences in drug cases (e.g., a twenty year mandatory minimum sentence for a first offense of narcotics sale), the state maintained no central repository of data on drug sentences. As Eldridge points out, concrete information was not available to those making unqualified pronouncements about the success or failure of the preventive methods theretofore employed in the United States.

Drug laws were also of a strongly punitive, almost vindictive cast. Many provided for severe sentences and, as in Michigan, removed the judge's discretion in sentencing an offender, requiring instead the imposition of a mandatory minimum sentence. In addition the laws reflected a peripheral punitiveness. For example, a New Jersey law required that anyone who had ever been convicted of a narcotics offense must register with the police in any place where he intended to remain more than twenty-four hours.

There are a number of signs today that the punitive precedents just described are being superceded and that drug control laws are being "humanized" and "rationalized". In a number of jurisdictions (federal government and the states) new drug laws have been passed recently or are being considered presently. One especially symbolic focus is the marijuana laws. As Kaplan states, the movement to increase penalties for marijuana violations seems to have spent most of its force. Although there are still some quite substantial penalties in effect, at least for more serious marijuana offenses (see tables in 9 Crim. Law Reporter 2438-44, August 25, 1971), the clear trend in the legislatures is toward a reduction of penalties for marijuana offenses. For example, on August 8, 1971 "The New York Times" reported that in the three years past twenty-six states had revised their marijuana laws - in twenty-four the penalties for possession of marijuana were reduced, usually to make the first offense a misdemeanor, with a one-year maximum sentence that can be suspended by the sentencing judge.

In addition to such changes, there are also recommendations for further reforms by various well-respected public and private groups. Three such groups have recently recommended further amelioration or eventual elimination of criminal penalties for some marijuana offenses. A study of the National Institute of Mental Health concluded that the penalties for use and possession of marijuana are much too severe and much out of keeping with knowledge about its harmfulness. Dr. Bertram S. Brown, Institute Director, said he did not think scientific opinion yet justified legalization; he recommended, instead, "decriminalization". The American

Bar Association's Committee on Alcoholism and Drug Reform has recommended that all criminal penalties for marijuana possession be eliminated. Finally, and of greatest significance, The National Commission on Marijuana and Drug Abuse has unanimously decided to recommend that all criminal penalties for the private use and possession of marijuana be eliminated. The political significance if its position lies in the fact that nine of its thirteen members were appointed by President Richard M. Nixon and in the further fact that President Nixon said on May 2, 1971, "Even if the commission does recommend that it (marijuana) by legalized, I will not follow that recommendation." It will be interesting indeed to see the legislative reaction, shaped by mores and politics, to these latest proposals.

Other evidence of the "humanizing" trend can be found in the flexibility being built in to sentencing provisions (disposition other than jail or prison for certain types of offenders); in commitment rather than imprisonment for certified narcotics addicts, and in the emergence of Methadone maintenance programs.

Along with "humanizing" has come a "rationalizing" of the structure of drug laws. The term is used here in a non-technical, non-legal sense to mean simply that the drug laws are being revised to accord with common sense, medical knowledge and community sentiment. The above-mentioned developments relating to marijuana are evidence of this "rationalizing". So too is the trend to <u>increase</u> penalties for offenses involving amphetamines, barbiturates and hallucinogens, in recognition of their dangerous potential and the social and law enforcement problems resulting from

their usage.

The above legislative developments point up what may be emerging cross-currents in drug control. At a time when legislators and governors are displaying a genuine interest in obtaining adequate information upon which to base humane and rational laws, some members of the judiciary are acting upon an emotional premise that harsh sentences are what the drug problem demands. A number of federal and state commissions (and private groups as well) are engaged in extensive investigation of the medical, societal and legal aspects of drug use with an intensity and sincerity that evidences their realization that drug use will neither be wished away nor solved by harsh criminal sanctions. Some judges, on the other hand, are meting out twenty or thirty year sentences for marijuana offenses or a thirty year sentence for the sale by an admitted narcotics addict of a fraction of an ounce of heroin. The writer believes that such a response can only exacerbate an already difficult situation.

B. The Laws of the State of New York.

The laws of probable interest to the reader can be divided into (1) the drug control laws and (2) laws governing drug-related problems likely to be encountered in the schools. The former category includes drug offenses and their punishment and the latter, school-based problems such as search of a student or his locker and the confidentiality of disclosures by a student to school personnel.

1. Present Drug Control Laws and their Application.

An examination of present drug offenses and penalties reveals the

hand of the formative influences discussed in Part II (B) in the specific setting of this state. The magnitude of the drug problem in New York State, especially the hard drug problem in large metropolitan areas, has had a unique impact. Legislators have been deprived of the "luxury" of passing overly-moralistic laws and on the whole the legislative response has been pragmatic. The tone is illustrated by a Declaration of Purpose included in a 1966 law establishing a civil commitment procedure for certified narcotics addicts. It reads in part:

> The legislature finds and determines as follows:
>
> 1. The human suffering and social and economic loss caused by the disease of drug addiction are matters of grave concern to the people of the state. The magnitude of the cost to the people of the state for police, judicial, penal and medical care purposes, directly and indirectly caused by the disease of drug addiction, makes it imperative that a comprehensive program to combat the effects of the disease of drug addiction be developed and implemented through the combined and correlated efforts of federal, state, local communities and private individuals and organizations.
>
> 2. A comprehensive program of compulsory treatment of narcotic addicts is essential to the protection and promotion of the health and welfare of the inhabitants of the state as well as to discourage the violation of laws relating to the sale, possession and use of narcotics and other dangerous drugs. Narcotic addicts are estimated to be responsible for one-half the crimes committed in the city of New York alone and the problem of narcotic addiction is rapidly spreading into the suburbs and other parts of the state. This threat to the peace and safety of the inhabitants of the state must be met. Not only crime, but unemployment, poverty, loss of human dignity and of the ability to fill a meaningful and productive role in the community, as well as damage to the physical and mental health of the addict himself are all by-products of this spreading disease. The narcotic addict needs help before he is compelled to resort to crime to support his habit. The narcotic addict who commits a crime needs help to break his addiction. A comprehensive program of treatment, rehabilitation and aftercare for narcotic addicts can fill these needs.

The legislative scheme is not perfect, however, as will be seen below.

a. The Primary Drug Offenses and Punishments.

The present laws, texts of which are appended to this article, went into effect in 1967 and have been revised somewhat since then. A thorough-going revision is being considered by the State Legislature at its 1972 session. The present offense structure contains a detailed and sophisticated breakdown based upon who has what drug in what quantity for what purpose. The laws are well-drafted and well-conceived, with one glaring exception - the comparative treatment of marijuana on the one hand and amphetamines, barbiturates and hallucinogens on the other.

Under the law any illegal drug is called a "Dangerous Drug" and that term is subdivided in three: "Narcotic Drug", "Depressant or Stimulant Drug" and "Hallucinogenic Drug". The prohibitions of the law are against possession and sale of Dangerous Drugs; it is no crime simply to use one. The term "sell" is broadly defined and covers any transfer of a drug or offer or agreement to do so, whether or not money is received in return.

The first major category of offense is possession offenses. Possession of Dangerous Drugs is forbidden whether it is the high school student's single marijuana cigarette or the pusher's bulk supply. Potential sentences range from a maximum of one year to a maximum of life imprisonment.

The least serious offense (Possession Sixth Degree, N.Y. Penal Law ss220.05) is simple possession of any Dangerous Drug. It is a Misdemeanor punishable by a maximum of one year imprisonment. Thus possession of any quantity of any Narcotic, Depressant or Stimulant, or Hallucinogenic Drug can be prosecuted. One marijuana cigarette, one pep pill, one L.S.D.

cube; possession of each is forbidden.

The remaining five possession offenses are felonies and of increasing severity. Possession Fifth Degree (Penal L. §§220.10) is possession of any Dangerous Drug with intent to sell and is punishable by one to four years imprisonment. Thus possession of any quantity of any Narcotic, Depressant or Stimulant, or Hallucinogenic Drug with intent to sell can be prosecuted. Possession with intent to sell of one marijuana cigarette, one pep pill or one L.S.D. cube is forbidden.

Possession Fourth Degree (Penal L. §§220.15) is possession of any Narcotic Drug with intent to sell or simple possession of a specified quantity of certain Narcotic Drugs and is punishable by two and one-third to seven years imprisonment. At this point the Penal Law's definition of "Narcotic Drug" becomes significant. "Narcotic Drug" is defined in the N.Y. Public Health Law § 3301 (38) and that definition incorporated into the Penal Law as a sub-category of Dangerous Drug. "Narcotic Drug" is defined to include not only truly narcotic substances (heroin, opium, etc.) but also marijuana, or more precisely:

> marihuana (cannabis, sativa and all other substances, whether synthetic or in plant form, which contain the active ingredients of cannabis, sativa or delta-1-tetrahydro cannabinol, monoterpene numbering system as used by Mechoulan or delta-3-tetrahydro cannabinol or delta-6-tetrahydro cannabinol or delta-8-tetrahydro cannabinol or delta-9-tetrahydro cannabinol as numbered by Korte and Isbell or cannabidiol or cannabinol)

Thus under the first part of this possession offense, possession with intent to sell of even one marijuana cigarette can be prosecuted, although a prosecutor has discretion to treat such conduct as a less serious

Possession Fifth Degree offense. The second part of this offense consists of simple possession of specified quantities of Narcotic Drugs: twenty-five or more cannabis cigarettes; one-eighth ounce or more heroin, morphine or cocaine; one-fourth ounce or more of cannibis; and one-half ounce or more of raw or prepared opium. The significance of this provision lies in what it does and does not cover. It includes marijuana but not Depressant or Stimulant or Hallucinogenic Drugs. Their possession, in however great a quantity, can be no more than a Possession Fifth Degree offense. And if intent to sell cannot be established, it can be no more than a Possession Sixth Degree offense.

Possession Third Degree (Penal L. § 220.20) is simple possession of a specified quantity of certain Narcotic Drugs and is punishable by five to fifteen years imprisonment. The provision covers the same group of Narcotic Drugs (including marijuana) as does the prior offense and is different in that it prosecutes possession of greater quantities; for example one hundred cannabis cigarettes as contrasted with twenty-five such cigarettes.

Possession Second Degree (Penal L. § 220.22) is simple possession of a specified quantity of certain "hard" Narcotic Drugs and is punishable by **eight** and one-half to twenty-five years imprisonment. Thus possession of eight or more ounces of heroin, morphine, cocaine or opium can be prosecuted.

Possession First Degree (Penal Law § 220.23), the most serious possession offense, is simple possession of a specified quantity of the "hard"

Narcotic Drugs referred to in Possession Second Degree. It is punishable by fifteen years to life imprisonment. Under this provision possession of sixteen or more ounces of heroin, morphine, cocaine or opium can be prosecuted.

The other major category of offense is sale offenses. "Selling" is forbidden whether it is the high school student's gift of a marijuana cigarette to a classmate or the pusher's profit-motivated transfer of drugs in return for cash. Possible sentences range from a minimum of two and one-half to seven years imprisonment to a maximum of life imprisonment. In considering the sale offenses the reader should again be reminded that "sell" as defined by law includes any transfer or offer or agreement to transfer a Dangerous Drug, whether or not money is received in return.

Selling Fourth Degree (Penal L. §§ 20.30), the least serious sale offense, is the sale of any Dangerous Drug and is punishable by two and one-third to seven years imprisonment. Thus the sale or gift (or offer or agreement therefor) of any quantity of any Narcotic, Depressant or Stimulant, or Hallucinogenic Drug can be prosecuted. Even the gift of one marijuana cigarette is forbidden.

Selling Third Degree (Penal L. §§ 220.35), is the sale of any Narcotic Drug and is punishable by five to fifteen years. Thus the sale or gift (or offer or agreement therefor) of any quantity of any Narcotic Drug can be prosecuted. As indicated in the discussion of possession offenses, "Narcotic Drug" includes marijuana. Thus the gift of even one marijuana cigarette can be prosecuted here, although a prosecutor has discretion to treat such conduct as a less serious Selling Fourth Degree offense.

Selling Second Degree (Penal L. §220.40) is the sale of a Narcotic Drug to anyone less than twenty-one years of age or the sale of a specified quantity of certain "hard" Narcotic Drugs and is punishable by eight and one-third to twenty-five years imprisonment. Under the first part of this provision, the sale or gift (or offer or agreement therefor) of one marijuana cigarette to a person less than twenty-one years of age can be prosecuted here, although a prosecutor has discretion to treat such conduct as a less serious Selling Third or Fourth Degree offense. Under the second part of this provision the sale or gift (or offer or agreement therefor) of eight or more ounces of heroin, morphine, cocaine or opium can be prosecuted.

Selling First Degree (Penal L. §220.44) the most serious sale offense, is the sale of a specified quantity of certain "hard" Narcotic Drugs and is punishable by fifteen years to life imprisonment. Thus the sale or gift (or offer or agreement therefor) of sixteen or more ounces of heroin, morphine, cocaine or opium can be prosecuted.

In addition to the possession and sale offenses there are other miscellaneous drug offenses: Criminally Injecting a Narcotic Drug (Penal L. §220.46); Criminally Possessing a Hypodermic Instrument (Penal L. §220.45); Criminally Using Drug Paraphernalia in the Second Degree (Penal L. §220.50) or First Degree (Penal L. §220.55); Loitering for the Use of Drugs (Penal L. §240.36); and Growing Marijuana (Pub. Health L. §3315).

b. Application of the Laws.

As with any other laws, enforcement of drug control laws is first

non-judicial, in the hands of law-enforcement officials and subsequently judicial, in the hands of the prosecutor and the courts. At the non-judicial stage there can be the temptation above mentioned for police officers to engage in selective and/or zealous enforcement. The temptation has not always been resisted in drug cases. In a number of instances with which the writer is personally familiar vehicles have been stopped with or without justification and thoroughly searched without justification, in the hope of uncovering drugs. Long hair and an oddly-painted conveyance seem to some enforcement officials to be reasonable ground to suspect the driver of something. If drugs are then found a court must decide if they have been seized legally. If not, they may not be used in a criminal prosecution. If no drugs are found the damage to respect for law is done.

At the judicial stage drug law enforcement retains the element of flexibility. The prosecutor must decide where police and prosecution resources should be concentrated. The answer, normally, is upon the hard drug traffic, with less strenuous effort being made against less serious offenses. Such a decision is appropriate and perfectly proper in light of the magnitude of the problem and the financial and human resources available to combat it.

If a drug case goes to the judge for sentencing there is considerable discretion available to make the punishment fit the crime. In this state there is no punitive mandatory minimum sentence for drug offenses. By and large the applicable punishments are the same as for other offenses of the same degree of seriousness. And within that penalty structure the judge has latitude to act with mercy toward an undeserving one. In one

instance there is a special provision for drug offenses. A law passed in 1971 (N.Y. Crim. Procedure L.§3170.56) provides that if the offense charged is simple possession of marijuana or loitering for the use of marijuana and the accused has no previous conviction, the judge may adjourn the case for up to one year, in contemplation of its eventual dismissal. During the adjournment the accused must comply with conditions set by the court, the purpose of which is to give him an opportunity to mend his ways.

2. Proposals for Reform of the Present Drug Control Laws.

Although the present drug control laws were passed in 1965 and became effective in 1967 they were in danger of becoming outmoded even then. The surge in drug abuse in the late 1960's had as perhaps its only beneficial side-effect an increase in knowledge of drugs, their taxonomy and effects upon mind and body. This newly crystalized knowledge made clear the substantial dangers in abuse of amphetamines, barbiturates and especially hallucinogens and the comparatively less substantial dangers in the abuse of marijuana. In this light the present laws on Possession or Sale of these substances have stood reality on its head. Possession of an unlimited supply of L.S.D. is a less serious offense than possession with intent to sell of one marijuana cigarette or simple possession of twenty-five marijuana cigarettes. Similarly the sale or gift of any quantity of L.S.D. to a person of any age is a less serious offense than the sale or gift of one marijuana cigarette, especially to someone under twenty-one.

These and other anomolies of the present law may be responsible for galvanizing a reform effort. In 1970 the State Legislature and Governor

Nelson A. Rockefeller agreed to the creation of a Temporary State Commission to Evaluate the Drug Laws. The Commission's mandate was broadly phrased in recognition of the many facets to the drug problem and in reflection of the Legislature's desire to accumulate information upon which to base rational, effective legislation. The Commission was ordered to:

> ...make a comprehensive study of present state laws dealing with the use, possession and sale of narcotics, and such other drugs as amphetamines, barbiturates, hallucinogens, marijuana and related substances derived from the cannabis plant and other chemical substances, in order to determine what meaningful sanctions will be effective, capable of enforcement and yet realistically related to the offense involved. The commission shall also examine the nature of drug effects upon the individual, and the roles of drug taking and experimentation as part of the fabric of a total life pattern.
>
> More specifically, the commission shall (1) concern itself with the development of systems of laws and regulations, that optimize the freedoms of the individual and minimize harm to the individual and to society from himself and those around him, (2) to provide a consistent application of all knowledge to rational judgments regarding the real hazards and positive potentialities inherent in narcotic and non-narcotic drugs and other chemical substances, (3) to make an objective analysis of the effects of the penal law as it relates to narcotic and non-narcotic drug use, possession and sale, (4) to provide the executive department and the legislature with comprehensive information on the social, fiscal, and health problems associated with narcotics addiction, and drug abuse, (5) to study the emerging patterns of mixed drug abuse which complicate present legal approaches, (6) to develop a meaningful public information program utilizing all forms of modern communication, (7) to prepare for submission to the legislature such changes in existing laws and such other measures necessary to deter the use of narcotic and non-narcotic drugs and other chemical substances.

The first fruits of the Commission's efforts may ripen into new laws in the 1972 session of the Legislature. The Commission has proposed a realignment of the possession and sale offenses reflective of the newly-emergent knowledge of the comparative harmfulness of drugs. Some general

observations can be made without going into specifics. First and very important is a scientifically accurate definition of the various dangerous drugs. Of great interest in the Commission's proposed ameliorations of the penalties for marijuana possession or sale (in some instances) and its proposed stiffening of the penalties for possession or sale of amphetamines, barbiturates and hallucinogens. The fate of these proposals will be interesting to observe.

3. Drug-Related Problems in the Schools.

Of even more interest to school personnel than drug prohibition and penalties may be the laws governing drug-related problems that may be encountered in the schools. Perhaps the two most likely problems will be investigation of drug use and confidential relationships.

School authorities will quite rightly desire to investigate suspected drug use. Indeed it is probably their obligation to do so. The highest court in the state has said that, "It is the affirmative obligation of the school authorities to investigate any charge that a student is using or possessing narcotics and to take appropriate steps if the charge is substantiated." People v. Overton, 20 N.Y. 2d 360 (1967); 393 U.S. 85 (1968); 24 N.Y. 2d 522 (1969).

In the course of investigation the school authorities may desire to search a student or his locker, by themselves or in conjunction with the police. Their right to search a locker has been established by the Overton case just mentioned. In its opinion the court said:

> A school does not supply its students with lockers for illicit use in harboring pilfered property or harmful substances. We deem it a proper function of school authorities to inspect the lockers under their control and to prevent their use in illicit ways or for illegal purposes. We believe the right

> of inspection is inherent in the authority vested in school administration and that the same must be retained and exercised in the management of our schools if their educational functions are to be maintained and the welfare of the student bodies preserved.

The search of a student's person presents a more complex and sensitive issue. A police officer cannot stop and search someone at will; a high degree of suspicion will not suffice. Without a search warrant he may ordinarily search someone only incident to a valid arrest. (In addition he has a limited right to frisk a suspect, limited to an exterior search to discover a weapon.)

The question which arises in the schools is whether personnel who are not police officers are bound by the same strictures if they undertake to search a student. The answer is in some doubt. In 1970 the State Education Department of the University of the State of New York published a booklet entitled "Education's Role in the Prevention of Drug Abuse: Guidelines for School Programs." As to search of a student's person the Guidelines state:

> While the inspection of a locker, with or without a warrant, is permissible, the rule is otherwise with respect to the search of the individual. To search an individual unless the search is the incident of a lawful arrest and not the mere occasion which gives rise to the arrest, a search warrant should be obtained. School authorities should refrain from searching individual students, or requiring the emptying of pockets or removal of clothing. The same would apply to a student's automobile parked in a student parking lot. (United States v. DiRe, 332 U.S. 581; State v. Bradbury, 243A 2d 302; People v. Cohen. 57 Misc. 2d 366.)

The writer concurs in this advice but calls the reader's attention to two court decisions to the contrary. Although not decisions of the highest court of the state they are nonetheless significant. The first

case is People v. Jackson, 65 Misc. 2d 909 (App. T. 1st Dept 1971). The case resulted from an incident in a New York City high school. As the court summarized the facts:

> ...On October 27, 1969 the Coordinator of Discipline at a city high school received information which caused him to proceed to a certain classroom. He sought out the defendant, a student, in the room and requested that he accompany him to his office. This the defendant did willingly. En route, the Coordinator observed a bulge in the defendant's left pants pocket and further observed him continually putting his hand in and taking it out of the pocket. As they neared his office, the defendant bolted for the door at the outside of the school. As he did this, the Coordinator noticed a policeman standing in front of his office and called out to him, "He's got junk and he's escaping". With that he pursued the defendant and caught up with him three blocks from the school. The Coordinator grabbed the defendant, who still had his left hand in his left side pants pocket. Grabbing defendant's wrist, the latter's hand came out revealing the nipple of an eyedropper with other material clenched in his fist. The Coordinator held defendant's wrist and said, "Give that to me"; thereupon the Coordinator opened his hand and found a set of "works", syringe, eyedropper, etc. This material, the subject matter of the motion to suppress, was then turned over to the police officer who also had pursued the boy and came upon the scene at that moment.

The trial court suppressed the seized drug evidence, on the ground that the Coordinator of Discipline, a governmental official, had searched the student without the prerequisite of probable cause, in violation of his constitutional rights. A majority of the appellate court disagreed, although one judge agreed with the trial court judge. The opinions are worth quotation.

The judge writing the majority opinion said:

> Here, the Coordinator of Discipline of a city high school, acting with a high degree of suspicion, but short of probable cause, searched this student and found him in possession of a set of narcotics "works". While a student has the right to be free of unreasonable search and seizure, school authorities, in view of the "distinct relationship" between them and their

students and the right of parents to expect that certain safeguards will be taken, have "the affirmative obligation to investigate any charge that a student is using or possessing narcotics", which "becomes a duty when suspicion arises" (People v. Overton, 20 N.Y. 2d 360, 362-363; see, also, Moore v. Student Affairs Committee, 284 F. Supp. 725, 729-730). A school official, standing in loco parentis to the children entrusted to his care, has, inter alia, the long-honored obligation to protect them while in his charge, so far as possible, from harmful and dangerous influences, which certainly encompasses the bringing to school by one of them of narcotics and "works", whether for sale to other students or for administering such to himself or other students. I have read the citation of authorities given in the dissenting opinion relating to the "philosophy of loco parentis". Those cases are not affected by the doctrine and are inapposite.

What the Constitution (Fourth Amendment) forbids is not all searches and seizures, but unreasonable searches and seizures (Elkins v. United States, 364 U.S. 206,222). Each search must be determined in its own setting. The amendment, as it relates to seized property, after search, does not apply to private persons. Classifying the Coordinator as a governmental official, in his capacity and sphere of responsibility embracing the purpose and duties he is called upon to perform with respect to his charges, it would not be unreasonable or unwarranted that he be permitted to search the person of a student where the school official has reasonable suspicion that narcotics may be found on the person of his juvenile charge. Such action, of an investigatory nature, would and should be expected of him. Being justified, he would still be performing this important function, though three blocks from school, necessitated by the flight of this errant boy. As I view the incident, the Coordinator's function and responsibility went with him during the chase that took him and the boy away from the school. In loco parentis purpose did not end abruptly at the school door. The need to fulfill that purpose - including the making of a search - extended uninterruptedly beyond the school limits since the defendant chose to run away. This is a far cry from a situation not stemming from the school, without the nexus existing here. Absent that nexus, the search and seizure by the Coordinator would be unreasonable and unlawful for the obvious reason that his duties and responsibilities originate within the school.

To circumscribe the official's action, in these circumstances, within school limits would be akin to the incident where the cinematic county sheriff stops in hot pursuit of the wrongdoer at the county line, ruefully watching him cross over, powerless to do anything more.

The dissenting opinion emphasizes that the search and seizure happened away from the school and that the action of

the policeman and the school official conjoined in making the search and seizure. This is misplaced emphasis, because proper place is not given to the official's right and duty to act as he did in the circumstances, originally and independently, in fulfillment of a quasi-parental obligation. Moreover, this right and duty did not make him a law enforcement officer as the dissent suggests. Rather as the doctrine suggests, and simply stated, he was acting in a limited manner, in place of the defendant's parents. In the landmark case, relating to the duty of teachers in the supervision of school children, the Court of Appeals in Hoose v. Drumm (281 N.Y. 54, 57-58) stated: "At recess periods, not less than in the class room, a teacher owes it to his charges to exercise such care of them as a parent of ordinary prudence would observe in comparable circumstances."

Stated differently, a school teacher, to a limited extent at least, stands in loco parentis to pupils under his charge, and may exercise such powers of control, restraint and correction over them as may be reasonably necessary to enable him properly to perform his duties as a teacher and accomplish the purposes of education (79 C.J.S., School and School Districts, #493).

This doctrine is imbedded in the common law and has received implicit recognition by our State Legislature through the enactment of section 35.10 of the Penal Law, which restates the former Penal Law, section 246 (subds. 4,6,). The section declares: "The use of physical force upon another person which would otherwise constitute an offense is justifiable and not criminal under any of the following circumstances:

"1. A parent, guardian or other person entrusted with the care and supervision of a minor or an incompetent person, and a teacher or other person entrusted with the care and supervision of a minor for a special purpose, may use physical force, but not deadly physical force, upon such minor or incompetent person when and to the extent that he reasonably believes it necessary to maintain discipline or to promote the welfare of such minor or incompetent person."

Without proper recognition of the doctrine, the reasonableness of the official's conduct toward the defendant cannot be properly viewed and concluded. With full recognition, however, the action of the official toward the student, taken in school and away from school, partaking of their "distinct relationship", may be better understood and accepted as necessary and reasonable in light of loco parentis and in juxtaposition with the Fourth Amendment (see, generally, Terry v. Ohio, 392 U.S. 1).

As was expressed in People v. Overton (24 N.Y. 2d 522, 526) the school official, there, was performing the "fulfillment of the trust and responsibility given him by the city residents" in relation to a high school student. On remand from the Supreme Court (292 U.S. 85), the Court of Appeals held, in effect, that the inspection of the locker, under attack, was not the result of "legal coercion" but was permissible conduct in conformity with the in loco parentis doctrine, conditioned only by reasonable suspicion. As I view the present incident, the school official was fulfilling a comparable "trust and responsibility" and similar approval of his conduct should be accorded without imposition of probable cause.

Also, appropriate analogy may be made from section 180-a of the Code of Criminal Procedure, known as the "Stop and Frisk" law which permits a police officer to stop any person in a public place for temporary questioning when he reasonably suspects such person is committing or is about to commit a felony, and to frisk the suspect for weapons if he reasonably suspects that his life is in danger. This law is not cited for comparison of any factual pattern suggested by that law. The section points up, however, that one of the absolutes under the Fourth Amendment, namely, probable cause, is displaced by reasonable suspicion for the reason that a frisk, sometimes likened to a lesser invasion of a search, is necessary as an incident to inquiry upon grounds of elemental safety and precaution which might not initially sustain a search (see People v. Taggart, 20 N.Y. 2d 335; see, also, People v. Peters, 18 N.Y. 2d 238; People v. Sibron, 18 N.Y. 2d 603.)

As stated in People v. Peters (supra, p. 247) "The Fourth Amendment protects not against all searches and seizures, but 'against unreasonable searches and seizures'. The doctrine of 'stop and frisk upon reasonable suspicion' does not produce unreasonable searches and seizures".

The in loco parentis doctrine is so compelling in light of public necessity and as a social concept antedating the Fourth Amendment, that any action, including a search, taken thereunder upon reasonable suspicion should be accepted as necessary and reasonable. Seemingly, like rationale founded on extreme public purpose was used in Sibron, Peters and Taggart, supra, dispensing with probable cause as a requirement in the circumstances of those cases.

In Camara v. Municipal Court (387 U.S. 523, 528) the Supreme Court , discussing the Fourth Amendment declared: "The basic purpose of this Amendment...is to safeguard the privacy and security of individuals against arbitrary invasions by government officials".

As noted, the rigid standard, probable cause, may not be imposed upon a school official if he is expected to act effectively in loco parentis. While we are far advanced from the days

> of the little red schoolhouse, such advancement has also brought great ills. Rampant crime and drug abuse threaten our schools and the youngsters exposed to such ills. Much could be written about the ponderous problems that beset parents and school authorities in their efforts to prevent and stave off the conditions all about us. We are well aware of the gravity of these conditions. There is no need for enlargement. In consequence, greater responsibility has fallen upon those charged with the well-being and discipline of these children. What they may do in that regard should be weighed, on balance, with full appreciation of their duties and the nature of that greater responsibility. Only then can reasonableness be concluded in the context of the prevailing circumstances relating to the Fourth Amendment. Of course, absolute control should not be handed over in the everyday dealings with these children. Reasonable restraint is imposed, less what the school officials do shall take the form of authoritarian behavior, trammelling the rights of the students entrusted to them. Toward that end, a basis founded at least upon reasonable grounds for suspecting that something unlawful is being committed, or about to be committed, shall prevail before justifying a search of a student when the school official is acting in loco parentis.
>
> I, therefore, conclude that within the framework of this happening, no arbitrary invasion of the defendant's privacy resulted. On the contrary, the search and seizure, based at least upon reasonable grounds for suspecting that something unlawful was being committed, or about to be committed, must be deemed a reasonable search and seizure within the intendment of the Fourth Amendment as applied to the "distinct relationship" of the high school official to his student.
>
> The order should be reversed on the law and the facts. Motion to suppress hypodermic needle and "works" denied and the case remitted to the court below for further appropriate proceedings.

The dissenting judge said:

> I view this occurrence in a different light. As my brethren and the District Attorney concede, the Coordinator of Discipline acted "with a high degree of suspicion short of probable cause" when he pulled defendant's hand from his pocket and seized the hypodermic needle from defendant's clenched fist. This was not done in the school or on its grounds; it occurred three blocks from the school. As the Coordinator and the defendant had approached the door of the former's office, defendant had bolted toward the building's exit and the Coordinator had taken off in pursuit. The patrolman regularly assigned to the school

joined the chase when told by the Coordinator that defendant had "junk" and was escaping. With both them in pursuit, the Coordinator, as noted, caught defendant three blocks away, grabbed defendant's wrist, pulled defendant's hand from his pocket and seized the hypodermic syringe, eyedropper, etc. As the District Attorney also states, "Had these acts been performed by a police officer, the evidence obtained would have been admissible in a criminal proceedings" (see Mapp v. Ohio, 367 U.S. 643).

When defendant was seized, the Coordinator was not enforcing a school regulation but, as a law enforcement agent, was chasing defendant to make an arrest - and he had no basis to make the arrest.

I cannot agree that in this context, the Coordinator was acting as a private citizen or merely as a teacher, at the place of arrest.

Furthermore, had the policeman searched defendant, fruits of the search would have been suppressed. There is no logical reason to grant the teacher greater rights outside the school than the patrolman had (see Dixson v. State of New York, 54 Misc 2d 100; People v. Williams, 53 Misc 2d 1086). He was not then acting alone, he was acting in co-ordination with the patrolman. As such, his search partook of the infirmity applicable had the arrest been by the patrolman directly (cf. People v. Horman, 22 N.Y. 2d 378).

The Coordinator of Discipline saw no crime committed in his presence. Concededly, he acted on suspicion alone, short of probable cause. Part of his duties as Dean of Boys, was to maintain security and order at the school, a facility belonging to the City of New York. While he was not a peace officer or police officer classified under sections 154 and 154-a of the Code of Criminal Procedure, when conducting the search and seizure, he was acting as an agent of the city government cloaked with police powers and participating in the governmental function of safeguarding a municipal facility. (See, People v. Brown, N.Y. L.J., Dec. 15, 1970, p. 19, col. 2.) As a citizen, the Coordinator could arrest for an offense only if committed in his presence (Code Crim. Pro., #183). A peace officer can arrest for an offense committed or attempted in his presence or, if a police officer, he has reasonable grounds for believing that an offense is being committed in his presence (Code Crim. Pro., #177). The People admit that none of these grounds existed prior to the seizure of the contraband in question.

The philosophy of loco parentis is not an invitation to a teacher to arrest a student on suspicion alone three blocks from a school (see Kent v. United States, 383 U.S. 541, 554, 556; One 1958 Plymouth Sedan v. Pennsylvania, 380 U.S. 693; Matter of Gregory W., 19 N.Y. 2d 55; Incorporated Vil.of

Laurel Hollow v. Laverne Originals, 17 N.Y. 2d 900; People v. Moore, 11 N.Y. 2d 271). Moreover, the cases relied on by the majority which appear to justify what would otherwise be illegal search and seizure on the basis of the "distinct relationship" are distinguishable. Moore v. Student Affairs Committee (284 J. Supp. 725) involved the search of a student's room in a college dormitory; People v. Overton (20 N.Y. 2d 360) involved the entry into lockers on high school grounds. Neither involved an off the premises search, and, of greater importance, a body search.

The invasion of privacy of a location as to which the prober has some recognized dominion or right of access is one thing. The violation of the sanctity of the person off the school grounds is quite another. They ought not be equated.

Overton (supra) is further distinguishable in that it involved an illegal warrant which was presented to the school authorities. The Supreme Court of the United States in Bumper v. North Carolina (391 U.S. 543) held that where entry was made by law enforcement officers on the strength of an unlawful warrant and where a relative of the defendant who was at the premises told them to "go ahead", this invitation may not be distorted into a consent to the search. "The situation", said the court, "is instinct with coercion - albeit colorably lawful coercion. Where there is coercion there cannot be consent." (P. 550) When Overton (supra) reached the Supreme Court of the United States, the judgment was vacated and the case remanded for further consideration in the light of Bumper (supra). On remand, the Court of Appeals held that its original disposition "was proper when rendered and is unaltered by the spirit, if not the language" of Bumper (24 N.Y.2d 522,524). It was found by the court that unlike Bumper, the school authorities in Overton were acting not under the "lawful coercion" found objectionable in Bumper but within the ambit of their duties triggered by their suspicion that something illegal was hoarded in the school locker used by a student.

Overton defines in general terms the limits of the relationship between student and school. But that relationship has no application to areas beyond the geographical limits of the school and particularly personal searches in off-premises areas.

Just as the second Overton (supra) in interpreting Bumper (supra) restricted the latter to the "true meaning of what was written therein" (p. 524), it too should be similarly restricted to situations where school authorities have the right and even the duty to invade. No such right, no such duty is present where it involves the body of the defendant - especially where the search is not on school premises.

The motion to suppress was properly granted by the court below and, accordingly, I dissent and vote to affirm.

A similar case is People v. Stewart, 63 Misc. 2d 602 (N.Y.C. Crim. Ct. 1970).

The other problem - confidential relationships - is somewhat less likely to involve administrators. Teachers, counselors and other personnel may become aware that a student is using drugs; in fact the student may tell them himself. From this knowledge three questions may arise: (1) must I tell the police? (2) may I or must I keep the information confidential, especially if the student himself has told me of his drug use? and (3) can I be sued by the student or his parents if I tell anyone of his drug use?

The hazards of generalizing are especially great in the law. Nevertheless it can probably be said in response to the first question that there is no legal obligation to report a student's drug use to the police. Mere knowledge of another's criminal conduct does not make one an active, wilful participant therein. On the other hand one who participates in or consciously facilitates another's crime may find himself subject to criminal liability too.

The question of confidential relationship must be answered in relation to the questioner's statue. The idea of privileged communications is of long-standing in the law. It means that various professionals who receive sensitive information in the course of their work may not reveal such information without the discloser's permission. Suppose, in the school setting, that the police or prosecutor demanded that school personnel reveal knowledge about a student's drug use which knowledge was obtained from the student himself. To quote again from the State Education Department Guidelines:

> Statutory protection of confidential disclosures relates to such professions as physician, clergyman, attorney, certified psychologist, and certified school social worker. No statutory protection on confidentiality exists or is created as a result of a student's enrollment in the public school system. The school physician, school nurse, the certified psychologist, and the certified school social worker, in an appropriate situation may be bound to confidence as a result of their professional standing and their relationship to a particular student; such is not the case, however, with the guidance counselor, school psychologist (unless also a certified psychologist), a teacher, the principal, or other member of the teaching, supervisory, or administrative staff.

Related to confidentiality is the third question of the consequences of disclosure. Suppose a teacher tells a parent that his son or daughter is using drugs. A disbelieving parent is likely to respond with indignation and a defamation suit on behalf of the "aggrieved" youngster. The question is a ticklish one without a complete answer. The "Guidelines" stop short of being very helpful. In the State Education Department's words:

> Although there is no duty to volunteer information, any disclosure should be made with care, discretion, and tact. School officials should act from knowledge, not mere suspicion. When the health and safety of the school community is concerned, school officials are faced with a pressing and serious obligation not only to the individual student but also to the rest of the student body and to the community at large.

A partial answer or at least some solace can be found in a law enacted in 1971. The New York Education Law now provides:

> ss3028-a. Students under twenty-one years of age suspected of narcotic addiction. Any teacher, school administrator, supervisor of attendance, attendance teacher or attendance officer having reasonable cause to suspect that a secondary or elementary student under twenty-one years of age is addicted to a narcotic drug or under the influence of a dangerous drug, who reports such information to the appropriate secondary or elementary school officials pursuant to the school's drug policy or if the school has no drug policy to the school's principal or the parents of such student under twenty-one years of age shall have immunity from any civil liability that might otherwise be incurred or imposed as a result of the making of such a report.

A careful reading of the language reveals that it is no complete blanket of immunity. The key phrases - vital but undefined by the law - are "reasonable cause to suspect", "addicted to a narcotic drug" and "under the influence of a dangerous drug". The last would seem to cover a good number of situations likely to arise, especially since the term "dangerous drug" probably bears the same comprehensive meaning as it does when use in the Penal Law to define drug offenses.

Conclusion:

Drug-abuse today - of whatever substance by whatever age group - is a complex problem for which there are no simple solutions. Education is one avenue which may offer some promise. The current vogue in drug education programs (excluding alcohol and tobacco) is an effort by experts - some acknowledged, some such as the writer, self-proclaimed - to provide adequate factual information to parents, educators and young persons. These groups must then attempt to structure realistic programs reflecting their best judgment or value - laden questions. That is no simple task and it is complicated by the ever-present communications barrier raised by The Generation Gap. Students and school personnel do not always communicate effectively. As one student in a Syracuse high school said recently, "Unfortunately a lot of teachers will never have a student come to them with a problem" because they "talk at you" and not with you or to you. Parents and children do not always communicate effectively either. This failure is epitomized by the tragic case of Linda Fitzpatrick. Unknown to her parents seventeen year old Linda inhabited the drug world of

Greenwich Village in New York City as well as the affluent world of Greenwich, Conn. She was involved heavily in the former world and eventually met her fate there - battered to death by bricks in the basement of an apartment building. Her parents were incredulous upon discovery of her lifestyle in the drug world ("The New York Times", Oct. 16, 1967, p.1). Her brother's more resigned reaction was: "It's too late for the whole thing to do us much good. But maybe someone else can learn something from it."

Communication, of course, is a two-way process and young persons must listen and learn. Some at least are doing so, as evidenced by the astute answers of some students of comparatively tender years. "The Syracuse Post-Standard" of January 22, 1972 in its "Young Ideas" column asked junior high school students: "In your opinion, what are the reasons for young persons experimenting with, and in some cases, abusing drugs?" The responses are illuminating and encouraging to those concerned with drug abuse.

A thirteen year old, eighth-grade girl said:

> "I think the reasons for young people experimenting and abusing drugs are to be in with the crowd or just to be, as people put it, "cool". Sometimes people use the excuse that they have a problem and want to get away from it, but turning to drugs isn't going to solve the problem. Some young people say they enjoy taking drugs, while others say they need the drugs and still others take drugs for no reason at all. Foolish reasons, aren't they?"

A fourteen year old, ninth-grade girl said:

> "I believe that young people use drugs because it is a way out of life and reality. Some people just can't face reality as it is, and don't try themselves to change it. Sure, their parents might badger and nag them, but so do other parents of kids who don't take drugs. A person has got to be strong and fight for a good life without using a crutch of drugs."

The other responses were similar. Perhaps the real drug experts are those reading and not those writing drug education handbooks.

NEW YORK STATE DRUG LAWS **

I. OFFENSES

A. DEFINITIONS

1. NEW YORK PENAL LAW

220.00 Dangerous Drug Offenses; Definitions of Terms

The following definitions are applicable to this article:

1. "Narcotic drug" means any drug, article or substance declared to be "narcotic drugs" in section three thousand three hundred one of the public health law.

2. "Depressant or stimulant drug" means any drug, article or substance declared to be a "depressant or stimulant drug" in section three thousand three hundred seventy-one of the public health law.

3. "Hallucinogenic drug" means any drug, article or substance declared to be "hallucinogenic drugs" in section two hundred twenty-nine of the mental hygiene law.

4. "Dangerous drug" means any narcotic drug, depressant or stimulant drug, or hallucinogenic drug.

5. "Sell" means to sell, exchange, give or dispose of to another, or to offer or agree to do the same.

6. "Unlawfully" means in violation of article thirty-three, article thirty-three-A or article thirty-three-B of the public health law or section two hundred twenty-nine of the mental hygiene law.

7. "Ounce" means an avoirdupois ounce as applied to solids and semi-solids, and a fluid ounce as applied to liquids.

** These laws are correct as of this printing.

2. NEW YORK PUBLIC HEALTH LAW

3301 Definitions

The following words and phrases, as used in this article, shall have the following meanings. unless the context otherwise requires:

* * *

38. "Narcotic", "narcotics", or "narcotic drugs" shall mean opium, coca leaves, marihuana (cannabis, sativa and all other substance, whether synthetic or in plant form, which contain the active ingredients of cannabis, sativa or delta-1-tetrahydro cannabinol, monoterpene numbering system as used by Mechoulan or delta-3-tetrahydro cannabinol or delta-6-tetrahydro cannabinol or delta-8-tetrahydro cannabinol or delta-9-tetrahydro cannabinol as numbered by Korte and Isbell or cannabidiol or cannabinol) pethidine (isonipecaine, meperidine), and opiates or their compound, manufacture, salt, alkaloid, or derivative, and every substance neither chemically nor physically distinguishable from them and exempted and excepted preparations containing such drugs or their derivatives, by whatever trade name identified and whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis or by a combination of extraction and chemical synthesis, as the same are designated in the federal narcotic laws and as specified in the administrative rules and regulations on narcotic control as promulgated by the commissioner pursuant to the authority vested in him under section thirty-three hundred two of this article.

3. NEW YORK PUBLIC HEALTH LAW

3371 Definitions

When used in this article, the following words and phrases shall have the meanings ascribed to them in this section:

1. "Depressant or stimulant drug" means:

(a) any drug which contains any quantity of barbituric acid or any of the salts of barbituric acid; or any derivative of barbituric acid which has been designated by the commissioner as habit forming; or

(b) any drug which contains any quantity of amphetamine or any of its optical isomers; any salt of amphetamine or any salt of an optical isomer of amphetamine; or any substance which the commissioner, after investigation, has found to be, and by regulation designated as, habit forming because of its stimulant effect of the central nervous system; or

(c) any drug which contains any quantity of a substance which the commissioner, after investigation, has found to have, and by regulation designates as having, a potential for abuse because of its depressant or stimulant effect on the central nervous system or its hallucinatory effect; except that the commissioner shall not designate under this paragraph or under paragraph (b) hereof any substance that is a narcotic drug as defined in article thiry-three of the public health law.

4. NEW YORK MENTAL HYGIENE LAW

(429)[1] 229. Hallucinogenic Drugs

* * * *

For the purpose of this section, the term "hallucinogenic drugs" shall mean and include stramonium, mescaline or peyote, lysergic acid diethylamide and psilocybin, or any salts or derivatives or coumpounds of any preparations or mixtures thereof.

* * * *

(1. Provision renumbered but unchanged.)

B. POSSESSION OFFENSES

1. NEW YORK PENAL LAW

220.05 Criminal Possession of a Dangerous Drug in the Sixth Degree

A person is guilty of criminal possession of a dangerous drug in the sixth degree when he knowingly and unlawfully possesses a dangerous drug.

Criminal possession of a dangerous drug in the sixth degree is a class A misdemeanor.

2. NEW YORK PENAL LAW

220.10 Criminal Possession of a Dangerous Drug in the Fifth Degree

A person is guilty of criminal possession of a dangerous drug in the fifth degree when he knowingly and unlawfully possesses a dangerous drug with intent to sell the same.

Criminal possession of a dangerous drug in the fifth degree is a class E felony.

3. NEW YORK PENAL LAW

220.15 Criminal Possession of a Dangerous Drug in the Fourth Degree

A person is guilty of criminal possession of a dangerous drug in the fourth degree when he knowingly and unlawfully possesses a narcotic drug:

1. With intent to sell the same; or

2. Consisting of (a) twenty-five or more cigarettes containing cannabis; or (b) one or more preparations, compounds, mixtures or substances of a aggregate weight of (i) one-eighth ounce or more, containing any of the respective alkaloids or salts of heroin, morphine or cocaine, or (ii) one-quarter ounce or more, containing any cannabis, or (iii) one-half ounce or more, containing raw or prepared opium, or (iv) one-half ounce or more, containing one or more than one of any of the other narcotic drugs.

Criminal possession of a dangerous drug in the fourth degree is a class D felony.

4. NEW YORK PENAL LAW

220.20 Criminal Possession of a Dangerous Drug in the Third Degree

A person is guilty of criminal possession of a dangerous drug in the third degree when he knowingly and unlawfully possesses a narcotic drug consisting of (a) one hundred or more cigarettes containing cannabis; or (b) one or more preparations, compounds, mixtures or substances of an aggregate weight of (i) one or more ounces containing any of the respective alkaloids or salts of

heroin, morphine or cocaine, or (ii) one or more ounces, containing any cannabis, or (iii) two or more ounces, containing raw or prepared opium, or (iv) two or more ounces, containing one or more than one of any of the other narcotic drugs.

Criminal possession of a dangerous drug in the third degree is a class C felony.

5. NEW YORK PENAL LAW

220.22 Criminal Possession of a Dangerous Drug in the Second Degree

A person is guilty of criminal possession of a dangerous drug in the second degree when he knowingly and unlawfully possesses a narcotic drug consisting of one or more preparations, compounds, mixtures or substances of an aggregate weight of eight ounces or more, containing any of the respective alkaloids or salts of heroin, morphine or cocaine, or containing raw or prepared opium.

Criminal possession of a dangerous drug in the second degree is a class B felony.

6. NEW YORK PENAL LAW

220.23 Criminal Possession of a Dangerous Drug in the First Degree

A person is guilty of criminal possession of a dangerous drug in the first degree when he knowingly and unlawfully possesses a narcotic drug consisting of one or more preparations, compounds, mixtures or substances of an aggregate weight of sixteen ounces or more containing any of the respective alkaloids or salts of heroin, morphine or cocaine, or containing raw or prepared opium.

Criminal possession of a dangerous drug in the first degree is a class A felony.

C. SALES OFFENSES

1. NEW YORK PENAL LAW

220.30 Criminally Selling a Dangerous Drug in the Fourth Degree

A person is guilty of criminally selling a dangerous drug in the fourth degree when he knowingly and unlawfully sells a dangerous drug.

Criminally selling a dangerous drug in the fourth degree is a class D felony.

2. NEW YORK PENAL LAW

220.35 Criminally Selling a Dangerous Drug in the Third Degree

A person is guilty of criminally selling a dangerous drug in the third degree when he knowingly and unlawfully sells a narcotic drug.

Criminally selling a dangerous drug in the third degree is a class C felony.

3. NEW YORK PENAL LAW

#220.40 Criminally Selling a Dangerous Drug in the Second Degree

A person is guilty of criminally selling a dangerous drug in the second degree when he knowingly and unlawfully sells a narcotic drug:

1. To a person less than twenty-one years old; or

2. Consisting of one or more preparations, compounds, mixtures or substances of an aggregate weight of eight ounces or more, containing any of the respective alkaloids or salts of heroin, morphine or cocaine, or containing raw or prepared opium.

4. NEW YORK PENAL LAW

220.44 Criminally Selling a Dangerous Drug in the First Degree

A person is guilty of criminally selling a dangerous drug in the first degree when he knowingly and unlawfully sells a narcotic drug consisting of one or more preparations, compounds, mixtures or substances of an aggregate weight of sixteen ounces or more, containing any of the respective alkaloids or salts of heroin, morphine or cocaine, or containing raw or prepared opium.

Criminally selling a dangerous drug in the first degree is a class A felony.

II. SENTENCES

Sentencing in drug cases, as in all criminal cases is a somewhat individual proceeding. Nevertheless, this chart below gives some indication of the possible sentences for drug crimes:

Designation of Crime	Maximum Imprisonment	Minimum
Class A Misdemeanor	1 year	
Class A Felony	Life Imprisonment	15 years
Class B Felony	25 years	8 and 1/3 years
Class C Felony	15 years	5 years
Class D Felony	7 years	2 and 1/3 years
Class E Felony	4 years	1 year

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